Medical Alumni Bulletin

VOLUME 25 WINTER 1979 SCHOOL OF MEDICINE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

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the first 100 years . . .

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Medical Alumni Bulletin

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Behind the lines

In February of 1879 the Board of Trustees of the University officially made Dr. Thomas Harris' School of Medicine a part of the University by making him its dean and professor of anatomy. This issue of the *Medical Alumni Bulletin* is devoted to the events commemorating the Hundredth Anniversary of the establishment of medical education at the University of North Carolina at Chapel Hill.

At the suggestion of the late Dr. W. Reece Berryhill, in 1976 Dean Christopher C. Fordham appointed a Centennial Committee to begin planning a celebration for the medical school's 100th anniversary. The initial committee was composed of Dorothy Long and Drs. Berryhill, Kenneth Brinkhous, William Blythe, Charles Hooker, John McCain, William McLendon, James Newsome, and Reginald Tucker, Jr. Additional members added to the committee were Robert F. Burgin, Sarah V. Dunlap, Dr. John T. Henley, Dr. J. A. Kirkland, Dr. William L. London, Brooks Peters, John W. Stokes, Dr. James H. M. Thorp and Dr. William B. Wood. Dr. Oscar L. Sapp was an active member of the committee prior to his untimely passing in January, 1978.

In its deliberations, the committee felt that it would be appropriate to recognize the centennial in two ways. First, there would be various events commemorating the centennial. These began in 1977-78 with a series of lectures co-sponsored by the Bullitt Medical History Society. These events will culminate February 9-10, 1979, with the Annual Medical Alumni Meeting and Centennial Celebration, the programs of which are given in this issue of the *Bulletin*. The second endeavor was to provide a permanent record of the centennial and of the first hundred years of medical education at Chapel Hill. This issue of the *Bulletin*, as well as a special February issue of the *North Carolina Medical Journal*, are important parts of that record. In addition, The Medical Alumni Association, in cooperation with the University Press at Chapel Hill, is sponsoring the publication of a two-volume directory and history.

On this occasion, the medical school is grateful to the students and their parents, the faculty, the staff, the alumni and the many other persons who have provided support to the school during its first hundred years. Special appreciation is also extended to the numerous individuals in the medical school, University, and throughout the state who through their dedicated and conscientious efforts have made possible this celebration of the medical school's centennial and the preparation of the various permanent records and momentos of this important occasion.

–William W. McLendon, M.D., '56
Professor of Pathology
Chairman, Centennial Committee

Centennial Celebration Program

The School of Medicine at the University of North Carolina at Chapel Hill will hold a two-day program alumni weekend, Friday and Saturday, Feb. 9 and 10, in celebration of its centennial.

Included in the events are symposiums and a panel discussion that explores medicine past to future. Ceremonies will conclude with a University Convocation to commemorate the medical school centennial anniversary at 11 a.m. February 10.

The complete schedule:

Friday, February 9

9 — 11:30 a.m.

Symposium: The Medical Student and Physician of Yesterday and Today
Berryhill Hall, School of Medicine

Presiding: James H. M. Thorp, M.D., President, Medical Alumni Association

Medical Education And Practice In North Carolina: A Four Hundred Year Overview
William W. McLendon, M.D., Professor of Pathology, School of Medicine, The University of North Carolina at Chapel Hill

The Medical Student Of The Late Nineteenth Century
Brooks Peters, Class of 1980, School of Medicine, The University of North Carolina at Chapel Hill

Blacks In Medicine
George I. Lythcott, M.D., Administrator, Health Service Administration, Department of Health, Education and Welfare

Women In Medicine
Leah M. Lowenstein, M.D., D. Phil., Professor of Medicine and Biochemistry, and Assistant Dean, Boston University School of Medicine

Noon — 2 p.m.

Annual Alumni Luncheon And Business Meeting
Carolina Inn

Donald S. Frederickson

2:30 — 4:30 p.m.

Symposium: The Future of Medical Practice, Education and Research
Berryhill Hall, School of Medicine

Presiding: Christopher C. Fordham, M.D., Dean, School of Medicine and Vice Chancellor for Health Affairs, The University of North Carolina at Chapel Hill

The Future Of Medical Education
Frederick C. Robbins, M.D., Dean, Case-Western Reserve University

The Government And Medicine
L. Richardson Preyer, Member of Congress from the Sixth District of North Carolina

The Future Of Biomedical Research
Carl W. Gottschalk, M.D., Kenan Professor of Physiology and Medicine, The University of North Carolina at Chapel Hill

Panel Discussion
Dr. Robbins, Mr. Preyer, Dr. Gottschalk, and Dr. Fordham (Moderator)

6:30 p.m.

Reception And Banquet
Carolina Inn

Saturday, February 10

8:30 — 10 a.m.
Grand Rounds By Clinical Departments

11 a.m.

University Convocation In Commemoration Of The Centennial Of The School Of Medicine, The University Of North Carolina At Chapel Hill, Memorial Hall, University Campus

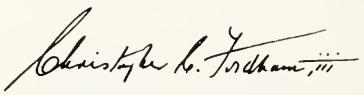
Address by: Donald S. Frederickson, M.D., Director, National Institutes of Health

214 MacNider

As I write this column for the *Alumni Bulletin,* I have just received a letter from a member of the Class of 1957 who lives many hundreds of miles from Chapel Hill. In his letter, the alumnus indicates that he and his wife have committed themselves to a substantial gift to the School of Medicine this year and each of the next three years. The gift, the specifics of which will be announced later, will enable the Medical Foundation to provide more continuing support for the School of Medicine.

As the school, together with the rest of society, faces a period of austerity in resources, and many, many responsibilities for future medical care in North Carolina and the nation, the capacity of the Medical Foundation to provide financial assistance to the school serves a critical need. We are all aware of the vicissitudes of federal funding. And those uncertainties are likely to increase in coming years.

In October, I had the interesting opportunity to make a brief presentation before the Southeastern Council of Foundations in New Orleans, representing the public university. And, in the preparation of that paper, I was not surprised at how many impressive arguments one can develop for strong support from foundations and other parts of the private sector for institutions such as ours. For example, among other things, a great state university such as the one in Chapel Hill has been one of the key battlegrounds in our society for freedom of expression. And the people have sustained that freedom which is critical to our way of life. And the great state university tends to symbolize the American aspirations for a balance between freedom and justice, since it sustains one with vigor and promotes the other in educational opportunity. Our own School of Medicine is a remarkable example of commitment to quality scholarship as well as to appropriate programs of service where the faculty has special capabilities to serve society. The magnitude and scope of our research enterprise, taken together with the spectrum of educational and service programs, has helped us gain national and international recognition. But to sustain this momentum, and to deal with a period of austerity, we shall need all the help which the alumni, friends, and supporters of the school can possibly muster. So don't miss a chance to help us build a base for sustaining this enterprise for future generations.



University awards honorary degrees

The University of North Carolina at Chapel Hill will present honorary degrees to four distinguished educators and public servants Saturday, February 10, in recognition of the School of Medicine's 100th birthday celebration.

The special convocation held in Memorial Hall signals the end of two days of special lectures and events held to mark the medical school's centennial.

The honorary degree recipients are: Dr. Donald S. Frederickson, director of the National Institutes of Health; the Honorable L. Richardson Preyer, Congressman from the 6th Congressional District of North Carolina; Dr. Frederick Chapman Robbins, dean of the School of Medicine at Case-Western Reserve University; and Dr. Lewis Thomas, president and chief executive officer of the Memorial-Sloan Kettering Cancer Center.

Frederickson, the main convocation speaker, has headed the NIH since 1975. Earlier he was a member of the National Heart and Lung Institute, serving as its director from 1966-68. He also was president of the National Academy of Science's Institute of Medicine from 1974-75.

He is a graduate of the University of Michigan where he received his B.S. and M.D. degrees and was a member of Phi Beta Kappa and Alpha Omega Alpha. Considered a distinguished biomedical scientist, Frederickson holds among other awards the Gold Medical Award from the American College of Cardiology, the International Award for Heart and Vascular Research from the James F. Mitchell Foundation for Medical Education and Research and the Distinguished Achievement Award from Modern Medicine.

Preyer, who has been a member of Congress since 1968, is highly regarded for his special interest and support of health education. He is chairman of the House Select Committee on Ethics and a member of the Kennedy subcommittee of the Select Committee on Assassinations.

A Greensboro native, he was a former Greensboro city judge, a N. C. Superior Court judge and a U.S. District judge.

Preyer is a Princeton graduate and holds a law degree from Harvard University. He also holds honorary degrees from Elon College, UNC at Greensboro and Davidson College. In 1975, he was awarded the Distinguished Service Award by the School of Medicine.

Robbins received the Nobel Prize in physiology and medicine in 1954 (along with Dr. John Enders and Dr. Thomas Weller) for his work on the poliomyelitis virus. A faculty member at Case-Western Reserve University since 1952, he was named dean of its medical school in 1966. He also is professor of pediatrics and community health.

He received both the A.B. and B.S. degrees from the University of Missouri, the M.D. degree from Harvard University and honorary degrees from John Carroll University and the University of Missouri.

Thomas has been president of the Sloan-Kettering Institute since 1973. He is a former dean of the New York University School of Medicine and Yale University School of Medicine.

He is the author of "The Lives of a Cell," for which he won the National Book Award in 1975. He received the Distinguished Achievement Award from Modern Medicine in 1975. Thomas holds a B.S. degree from Princeton University, an M.D. degree from Harvard University and an M.A. degree from Yale University.

Seven persons, including six alumni of the University of North Carolina at Chapel Hill, are to receive the Distinguished Service Award from the School of Medicine during its centennial celebration Feb. 9. Those receiving the award are:

William B. Deal, M.D., dean of the College of Medicine and vice-president for health affairs at the University of Florida in Gainesville. Deal's abilities were recognized early at the University, where he was the recipient of the John M. Morehead Scholarship and the James B. Bullitt Award. Upon graduation from the School of Medicine in 1963, Deal entered post-graduate training at the University of Florida School of Medicine, where he later joined the faculty in the departments of medicine, community health and family medicine, the Graduate School and the School of Pharmacy.

J. Dewey Dorsett, M.D., has long contributed to the advancement of medicine in North Carolina. He received his undergraduate degree and Certificate of Medicine here before completing his medical education at the Washington University School of Medicine. Dorsett returned to Chapel Hill as a resident and cardiology fellow before joining the medical faculty as instructor, then assistant professor of medicine. He later entered private practice in Charlotte. He is a fellow and former North Carolina governor of the American College of Cardiology and former president of the North Carolina Heart Association. Dorsett has served as a Counselor and member of the Visiting Committee of the Medical Alumni Association. He is the 1978 president of the General Alumni Association.

William L. Fleming, M.D., is a figure of national stature in preventive medicine and in the control of venereal disease. A graduate of the Vanderbilt University School of Medicine, Fleming trained as a Milbank Fellow at Johns Hopkins Hospital and was a staff member of the International Health Division of the Rockefeller Foundation before beginning his distinguished career as research professor of syphilogy in the School of Public Health. Fleming served as assistant dean of the medical school from 1957 until 1970 and chaired the department of preventive medicine until 1970. He recently retired as professor of medicine and preventive medicine. A member of numerous scholarly and medical organizations, he is a consultant to the U. S. Public Health Service, a member of the Public Advisory Committee on Venereal Disease Control to the Surgeon General and a past president of the American Venereal Disease Association. In 1975, he received the Distinguished Service Award from the Venereal Disease Section of the North Carolina Public Health Association. That same year, Fleming received the William Freeman Snow Award, in recognition of his leadership in advancing the goals of the American Social Health Association.

S. George Hatem, M.D., the legendary Dr. Ma Hai-Teh of the People's Republic of China, attended the University as an undergraduate before receiving his medical degree from the University of Geneva. En route home to the United States, he traveled with friends to China and became involved with the country and its people. He once served as personal physician to Mao Tse-Tung and became Chief of Staff of the Institute of Dermatology and Venereology and is perhaps the foreigner most knowledgable about that nation and its leaders. Hatem played a major role in virtually eliminating venereal diseases and prostitution in the People's Republic of China. While doing so, he reportedly traveled 30,000 miles on foot and by horseback to visit some 300,000 patients. Though he has seldom left China since the 1930s, he traveled last summer to the United States and visited Chapel Hill, where his nephew is a first-year student at the School of Medicine.

Fred G. Patterson, M.D., is recognized for his contributions in maintaining a harmonious relationship between academic and practicing physicians throughout the state. He is a leader in North Carolina medicine, holding offices in numerous state and local medical associations. Patterson received his undergraduate degree and Certificate of Medicine from the University, receiving his medical degree from the University of Pennsylvania. He trained at Geisinger Memorial Hospital in Pennsylvania and the Medical College of Virginia before assuming a fellowship in pathology at the School of Medicine. He has since served his Alma Mater as clinical professor and preceptor for the departments off family medicine and medicine.

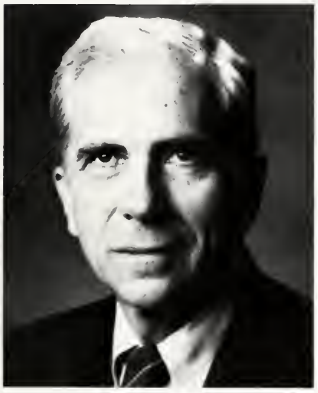
Erle E. Peacock, Jr., M.D., is a nationally-known plastic surgeon who developed a strong faculty and curriculum at the School of Medicine while serving as professor and chief of the plastic surgery division. His research in wound healing has drawn world-wide attention. After receiving a Certificate of Medicine here, Peacock received his medical degree from Harvard University. Following post-graduate training at Roosevelt Hospital in New York, Peacock advanced his skills in hand surgery while serving as a captain in the Army, then continued his training in surgery and plastic surgery at North Carolina Memorial Hospital and Barnes Hospital in St. Louis respectively. In 1969, Peacock became chairman of the department of surgery at the University of Arizona and last year, he was named professor of surgery at Tulane University's School of Medicine.

Louis C. Stephens has made lasting contributions toward the advancement of the School of Medicine. He has served on the board of the Medical Foundation and its development committee, on the Burn Center committee and is president of the Co-Founders

Club. The president of The Pilot Life Insurance Company, Stephens is widely recognized as a business and civic leader. His continued interest in education and learning is demonstrated through his memberships on the Board of Trustees at UNC-Greensboro and the board of the Research Triangle Institute. He serves on the board of Moses H. Cone Memorial Hospital and is a member of numerous civic organizations. Stephens received his undergraduate degree from the University before earning a masters degree in business administration from Harvard University. He served as a lieutenant commander in the Navy during World War II before returning to North Carolina to begin what has become a distinguished career.

William B. Deal, M.D.

Distinguished Service Award winners



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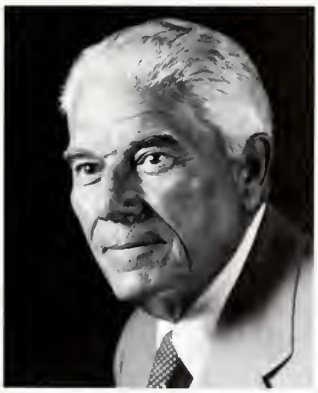

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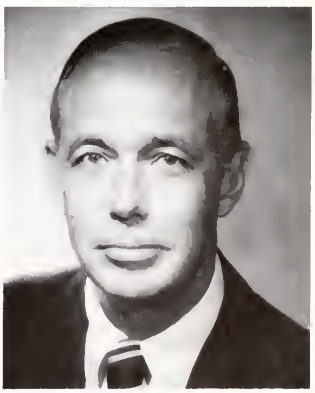


Louis C. Stephens

A history of the School of Medicine

The first 100 years . . .

As best as can be determined, the School of Medicine at the University of North Carolina was established February 12, 1879, although there is evidence to suggest that there may have been medical instruction in Chapel Hill before the Civil War. The following memorandum is recorded in the minutes of the Board of Trustees of the University at its meeting on January 28, 1879: "The Board being informed that Dr. T. W. Harris has established a medical school at the University, the executive committee is instructed to confer with Dr. Harris to decide whether and upon what terms he will be made a member of the faculty without salary."

The design of the school was modest — to prepare students for attendance on the lectures of the leading medical colleges. For the first year's course, instruction was given in anatomy, chemistry, botany and physiology. For the second year, instruction was given by Dr. Harris in anatomy, materia medica, and therapeutics, and the practice of medicine. Anatomy was taught by dissection of a human subject and by models. Then followed a short course in surgery in which Dr. Harris was well skilled. Free clinics were given once or twice a week at which students would see and treat diseases under the direction of the professor.

Since the beginning of the medical school, there have been eight deans of the school at Chapel Hill and one dean, Dr. Hubert Royster, for the medical department at Raleigh. Two of the deans, Dr. Isaac H. Manning and Dr. Walter Reece Berryhill had combined tenure which spanned more than half of the 100 years, Dr. Manning having served 28 years as dean and Dr. Berryhill having served for 24.

The school's history can be divided into three eras. These are: The early years, the time of the two-year school, and the time of the four-year school, concurrent with the development of North Carolina Memorial Hospital and a true academic medical center in Chapel Hill.

Condensed from the book *Medical Education at Chapel Hill, The First 100 Years*, by W. Reece Berryhill, M.D., William B. Blythe, M.D. and Isaac Hall Manning, M.D., UNC Medical Alumni Association, Chapel Hill, 1979.

The early years

Dr. Thomas W. Harris, Dean, 1879-1885

Dr. Thomas W. Harris became first dean of the medical school February 12, 1879. Dr. Harris was well prepared. He had obtained his medical diploma at the University of New York. He had then spent two years in hospital work in the famous Ecole de Medicine of Paris, devoting himself especially to anatomy. He was a medical attendant for nine months under the distinguished Velpeau.

Dr. Harris was an able man and a good teacher, but the necessity of engaging in general practice caused his resignation and removal to Durham in 1885. With the resignation of Dr. Harris, the School of Medicine closed, and the University's first attempt in medical education ended, leaving the State without a medical school until 1890.

Dr. Richard Whitehead, Dean, 1890-1905

At the meeting of the University Board of Trustees on February 27, 1889, President Kemp Battle, on behalf of the faculty, presented two very important recommendations which had and, which continued to have, far-reaching effects in the University and the state.

The first was that a "special school of medicine and pharmacy" be established under the direction of Dr. Paul Brandon Barringer of Davidson; the second was that as a part of his responsibilities Dr. Barringer would be the physician to students, thus establishing the University Student Health Service. A modest annual fee of $5 per enrolled student would be paid to Dr. Barringer in leiu of a University salary.

Shortly after he had tentatively accepted the deanship, however, Dr. Barringer was offered a professorship of physiology and surgery at the University of Virginia, his alma mater, which he accepted in 1889.

Apparently, he was well acquainted with the qualifications and great promise of Dr. Richard Henry Whitehead, then a demonstrator of anatomy in Dr. William Beverly Towle's department at the University of Virginia. Dr. Whitehead was suggested to President Battle as a candidate for dean. After considerable correspondence between the two during the summer of 1889, Dr. Whitehead agreed to accept a proposal to become "medical instructor of the University" commencing September, 1890.

The problems of developing the medical school were enormous even for that era when instruction in medicine, except for anatomy, was largely didactic. Space had to be found for teaching and Dr. Whitehead was first assigned an office and a lecture room in the Old West Building. The small wooden dissecting hall built for Dr. Harris' anatomy classes also was renovated.

In the session of 1896-1897, the medical course was lengthened to two years. Dr. Charles Staples Mangum was added to the faculty as professor of physiology and materia medica.

With the extension of the curriculum to two years, the enrollment increased. In 1898, the school was admitted to membership in the Association of American Medical Colleges, and for the first time the University catalog carried announcement of requirements for admission to the freshman medical class. These consisted of examinations to determine proficiency in English composition, arithmetic, algebra and Latin.

In 1900, Dr. Edwin Alderman was succeeded as president of the University by Dr. Francis P. Venable, the distinguished professor of chemistry. At the meeting of the Board of Trustees in January, 1901, Dr. Venable recommended the "incorporation of the departments of medicine and pharmacy into the University." This recommendation was approved. Thus, for the first time since the beginning of the University's venture in medical education, faculty members of these professional schools were paid salaries by the University and an operating budget was provided for these departments and for the student health service.

In 1901, Dr. Isaac Hall Manning was appointed professor of physiology and bacteriology. Now there were three full-time faculty members in the two-year school — Dr. Whitehead and two of his students from the earlier one-year medical course, Drs. Mangum and Manning.

The Medical Department at Raleigh Dr. Hubert Royster, Dean, 1902-1910

In 1899, President Alderman became interested in establishing the clinical years of the medical school at Raleigh, and he had several conferences with Dr. Hubert A. Royster regarding possibilities and plans for such development. He urged Dr. Royster to accept the deanship and to organize the school if the project materialized. Since President Alderman and Dr. Whitehead were close friends, it must be assumed they had discussed this and that Dr. Whitehead approved.

In January, 1902, the Trustees approved the project and the appointment of Dr. Royster as dean of the University of North Carolina medical department at Raleigh. He was given the responsibility of selecting faculty, planning curriculum, arranging for acquisition of a building, and opening the school in Raleigh that September, a truly monumental task for a young man of 30.

In addition, the Trustees informed Dr. Royster that the University could not assume responsibility for the operation of the clinical years and that until such time that this was possible, the dean and the faculty must assume entire educational and financial responsibility — there were to be no salaries paid by the University for the time being. As it developed, there never were any University funds available to support the medical department in Raleigh.

Throughout the school's existence, the physical plant and equipment were inadequate, but this was the case with all medical schools in that era and was true for some time thereafter. Clinical instruction was provided at Rex and St. Agnes hospitals, at the Dorothea Dix Hospital and at the Raleigh Dispensary. Dr. Royster was able by 1909 to attract and develop a substantial clinical faculty.

Despite the high quality, courage and devotion of the faculty and of Dean Royster, the inadequate physical plant and equipment and, most importantly, the lack of any University financial or educational responsibility,

resulted in an unfavorable appraisal of the school by Dr. Abraham Flexner of the Carnegie Foundation for the Advancement of Learning and Dr. N. P. Caldwell, secretary of the Council on Medical Education of the American Medical Association in their survey in 1909. Accordingly, President Venable and the Board of Trustees were forced in 1910 to close the Raleigh branch because there were no funds with which to meet the necessary requirements for approval. This decision was made with great reluctance.

There were 76 graduates of the Raleigh branch. They served medicine well and practiced in many sections of the state. Many became leaders in their profession.

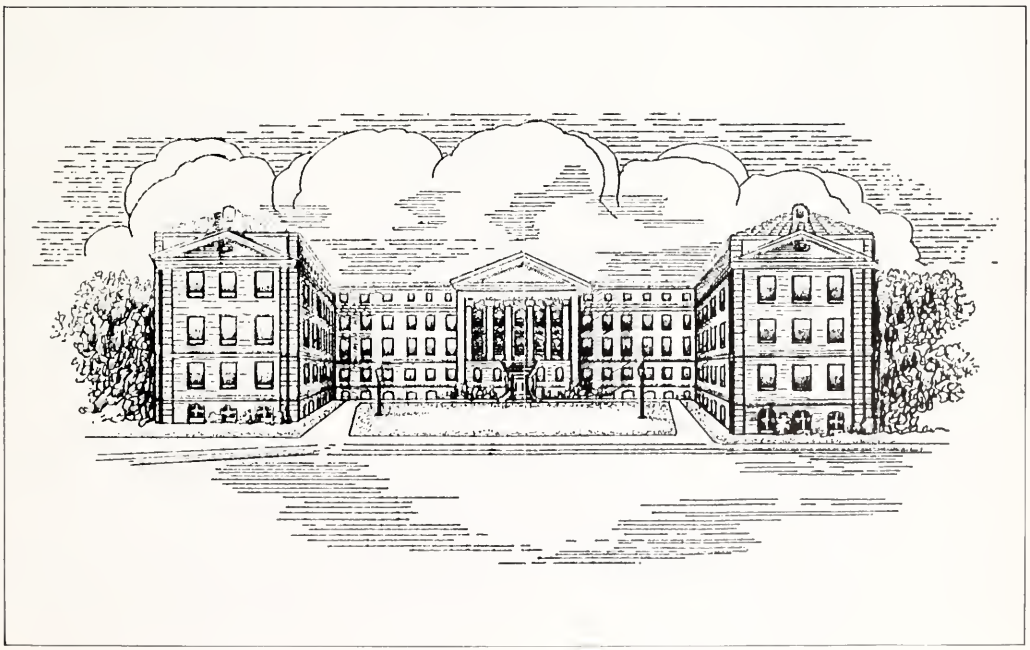
Dr. Isaac Hall Manning, Dean, 1905-1933

In 1905, Dr. Whitehead resigned to accept the position of dean and professor of anatomy at the University of Virginia. Following Dr. Whitehead's departure, Dr. Manning reorganized the medical school. Dr. William deBemiere MacNider, who had been graduated in the first class from the medical department in Raleigh in 1903 and who had also been an instructor in medicine, was appointed professor of pharmacology and bacteriology.

During this period, through the efforts of Dr. Manning, the medical laboratories became more adequately equipped and, most importantly, a new building was provided. Beginning with the 1905-1906 school year, Person Hall was remodeled to provide laboratory and classroom space and was assigned entirely to medicine. In 1912, a new building, Caldwell Hall, was completed.

Because of the rising standards demanded of all medical schools following the Flexner survey in 1909-1910, both in admission requirements and performance of students, the faculty set a maximum limit of 40 for the entering class. This ceiling was raised within a few years as the number of well-qualified applicants increased. As Dr. Manning states in his account of this period, "It is vital to the existence of this school to transfer only such students as can and will hold their own in the schools to which they are transferred. The success of the transfer students is a measure of the success of the two-year school, and this in turn will depend very largely upon the selection of students to be admitted." Accordingly, in 1916, Dr. Manning recommended that three years of college work be required for admission and that this, with two years of the medical course, would be necessary for the Bachelor of Science in Medicine degree.

At the end of World War-I, the future of the two-year medical school and the University's opportunity and responsibility for meeting the medical care needs of the State had become of increasing concern to Dr. Manning, to the medical faculty, and to Harry Woodburn Chase who had become president of the University in 1919. At meetings of the executive committee of the Board of Trustees in December, 1921, and in January and March of 1922, the question of expanding the



medical school to four years was presented by President Chase and discussed seriously by the committee. At Governor Cameron Morrison's request, a subcommittee composed of President Chase, Dr. R. H. Lewis, and Dr. Manning was appointed to study the matter in detail and to report in June, 1922, on the advisability of establishing a four-year medical school for the University.

After considerable study, the members were unanimous in deciding that the expansion should take place. They differed, as was to be anticipated, with respect to the most desirable location. In December, 1922, the committee met in Chapel Hill to prepare its final report for the Board of Trustees. The two members from Charlotte voted to locate the last two years in that city while the other members present voted for the expanded school and University hospital to be placed in Chapel Hill.

The committee requested Dr. Chase to prepare the final report and the recommendations to be presented to the Board of Trustees at its January, 1923, meeting. While President Chase was thus engaged, he was visited by Dr. William P. Few, president of Trinity College, who, according to Dr. Manning, "stated that he had long been interested in building a medical school in connection with Trinity College and had a proposal to make to the University. Briefly, this proposition was 'If the state would find $2 million, Trinity would find an equal amount and a medical school under the joint control of the two institutions would be established. The joint school would consist of the first two years to be given at the University in Chapel Hill and the last two years in Durham.' " President Chase appeared highly pleased with this offer as it would solve the problem and get him out of his dilemma.

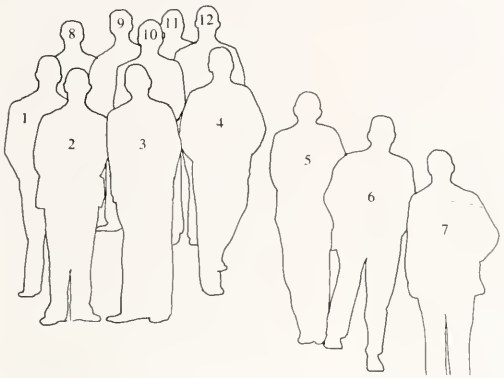
During the next two months there were frequent meetings of the executive committee and the full Board of Trustees in an attempt to reach a decision regarding Dr. Few's proposal. Another special ad hoc committee of the Trustees was appointed to study the new proposal and to confer with the other leaders in the State and with other denominational colleges, particularly Wake Forest College and Davidson College.

At the Trustees meeting January 25, 1923, Dr. Chase, after discussing the difficulties encountered by the ad hoc committee and its consideration of the Few proposal, recommended that further consideration of the proposed establishment of a four-year medical school be deferred for two years.

However, two members of the Board of Trustees, Josephus Daniels and Walter Murphy, not only opposed postponement but moved the establishment of a four-year school of medicine at the University of North Carolina under the control of the University Trustees. This was favored by Governor Morrison, who suggested that the Board meet in ten days to decide upon the location for a school and University hospital.

Delegates from various cities in the state were heard on the advantages of their cities for the location of the School of Medicine.

After considerable deliberation, the Board unanimously decided to "recommend to the General Assembly that it make adequate financial provision for the establishment and maintenance of a four-year medical school of



1. **James C. Andrews, Ph.D.,** Professor of Biochemistry and Nutrition; 2. **James B. Bullitt, M.D.,** Professor of Pathology; 3. **Daniel A. MacPherson, Ph.D.,** Professor of Bacteriology; 4. **Russell L. Holman, M.D.,** Professor of Pathology; 5. **W. Critz George, Ph.D.,** Professor of Anatomy; 6. **William DeB. MacNider, M.D.,** Professor of Pharmacology (Dean 1937-40); 7. **Charles S. Mangum, M.D.,** Professor of Anatomy (Dean 1933-36); 8. **Granvil C. Kyker, Ph.D.,** Associate Professor of Biochemistry and Nutrition; 9. **Edward C. Pliske, Ph.D.,** Associate Professor of Anatomy; 10. **H. Ward Ferrill, Ph.D.,** Associate Professor of Physiology; 11. **Frank N. Low, Ph.D.,** Assistant Professor of Anatomy; 12. **W. Reece Berryhill, M.D.,** Professor of Medicine (Dean 1941-64)

Class-A quality and for the building and maintenance of a hospital in connection therewith under the control of the University of North Carolina." The location was not specified presumably leaving this decision to the General Assembly.

The Governor named a committee of the Trustees to draft a bill requesting $500,000 for construction costs and $100,000 for the operational budget of the medical school. This was later modified to $350,000 for construction and $150,000 for the operation budget at the request of Walter Murphy. The request was presented to the joint appropriations committee of the General Assembly. However, the *Raleigh News and Observer* of February 27, 1923, ran the following note: "New appropriation bills ask for $10 million in bonds; request of the University of North Carolina for $350,000 as a start on the establishment of a four-year medical college was disallowed." It is not known how actively President Chase pushed for this bill in view of the many earlier determined building needs of the University. At any rate, this attempt to establish a four-year medical school came to an end, and Dr. Manning added discouragingly in his historical account, "perhaps forever."

It is difficult to determine precisely what influence Dr. Few's proposal had on the outcome. The establishment of the Duke Endowment in 1924, with a provision for the endowment to establish a Duke University medical school to be opened in 1930, prevented any further consideration of, or planning for, expansion of the University medical school, at least for that time.

Dr. Manning resigned as dean in September, 1933. He continued as chairman of the department of physiology until 1939. This truly remarkable man — as professor of physiology for 39 years and dean of the medical school for 28 of these — selected and influenced hundreds of medical students who became leaders in medicine. He deserves much credit for the survival of the University School of Medicine and for its position in medical education today. Dr. Manning died in 1946.

Dr. C. S. Mangum, Dean, 1933-1937

Dr. Charles Staples Mangum, professor and chairman of the department of anatomy, succeeded Dr. Manning as dean in September, 1933. He was a superb teacher of anatomy and was a friend of every medical student because of his field, his humanity, and his humor. He entered upon his new responsibilities with energy and enthusiasm. There were five major accomplishments that occurred during Dr. Mangum's tenure as dean. The first was that he established the first faculty committee on admissions in 1934. The second major accomplishment was the increase in emphasis in the introductory courses. Dr. Mangum was successful in persuading the faculty to modify the curriculum in order to devote the major portion of one quarter the second year to courses in physical diagnosis, obstetrics, pediatrics, surgery, and clinical pathology.

Yet another major accomplishment during Dr. Mangum's tenure as dean was the establishment of first a department and then a division of public health in the School of Medicine. This

accomplishment must be looked upon as being of a special significance because Dr. Milton J. Rosenau, who had recently retired as professor of preventive medicine and dean of the School of Public Health at Harvard, agreed to accept the chairmanship of this division in North Carolina. The fourth major accomplishment was that the two-year school was preserved. During the latter years of Dr. Mangum's period as dean, there developed again a serious threat to the two-year medical schools of the country. In 1935, the Council of Medical Education and Hospitals of the American Medical Association made the decision that these institutions after 1937 would no longer be listed among the approved medical schools. This action naturally also had repercussions in the Association of American Medical Colleges, which at first was inclined to accept the decision.

In this controversy, President Frank Porter Graham, Dr. Mangum, and Dr. MacNider played leading roles in the attempt to persuade the Council on Medical Education and the Association of American Medical Colleges to reverse their positions and, thus, save, for the time being, the two-year schools.

As a result of the support of many of the strong four-year schools and the forcefulness of arguments of President Graham and Dr. MacNider, the Council agreed that the two-year medical schools would continue to be approved and listed officially as "schools of basic medical sciences," not as approved two-year medical schools. And so the battle for a moment was won, although the war was not over.

The fifth major accomplishment was the construction of MacNider Hall. This project was in the printing stage when illness forced Dr. Mangum to retirement in 1937. Although he died in September, 1939, before the building was completed, Dr. Mangum certainly had played an important part in the events that led to its construction.

Dr. William deBerniere MacNider, Dean, 1937-1940

Dr. MacNider succeeded Dr. Mangum as dean in 1937. He was a well-known investigator in the field of renal physiology and pathology and enjoyed national and international recognition as a scientist, with a reputation beyond that of any other medical faculty member. He was an extremely capable and respected teacher.

Upon assuming the deanship he appointed Dr. W. Reece Berryhill assistant dean in charge of student affairs with responsibility for admissions, guidance and counselling of students, and the transferring of students to four-year schools. These duties Dr. Berryhill assumed in addition to directing the clinical courses offered in the second year and the student health service.

The third effort to expand the School of Medicine to a four-year school occurred during Dr. MacNider's tenure as dean.

The General Assembly of 1937 passed a joint resolution calling upon the governor to appoint a commission "to study, consider, and report upon a plan for the establishment in the State of a medical school affording the course of study required to entitle persons to apply for license to practice medicine," together with a draft of proposed legislation in connection therewith to the 1939 session of the General Assembly. A commission was appointed by Governor Clyde R. Hoey and by late autumn of 1938 the following were among recommendations the commission made to the General Assembly:

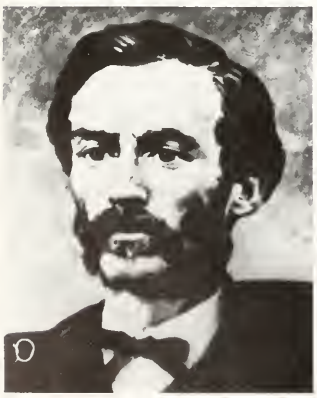
A four-year degree granting medical school should be established in the state;

The school should be part of the University of North Carolina and it should be a part of and an addition to the present plant;

A 300-bed teaching hospital should be built to serve several urgent needs in the State, and the institution should be established as soon as possible.

At a special meeting of the commission November 6, 1938, O. M. Mull, a member of the commission, stated he had information that a substantial sum of money was available from an unnamed donor for the University to supplement a state appropriation "to build

Dr. Thomas W. Harris, Dean, 1879-1885



Dr. Richard Whitehead, Dean, 1890-1905

Dr. Hubert Royster, Dean, 1902-1910

a medical school and endow it, provided it was built in a designated city in the State," as a unit of the consolidated university.

Later conversations between Dr. Berryhill and President Graham supported the notion that Charles Woollen, University comptroller, was approached by a member of the Gray family to discuss the possible interest of the University in accepting a proposal to develop the medical school in Winston-Salem, as the recipient of funds of the Bowman Gray Foundation. Apparently, this information was presented to President Graham on the basis of what Dr. Graham's attitude would be toward establishing the University school of medicine on a site away from Chapel Hill — without giving him specific information in regard to the source or amount of funds, or the designated location. Dr. Graham indicated that in general his opposition to such a plan was on the basis of its questionable educational soundness. However, he requested that he be kept informed regarding the details of any proposal or subsequent developments. President Graham received no further report until Mr. Mull's announcement to the Hoey Commission.

Since there was no exploration of the information presented by Mr. Mull by any official University representatives, the opportunity subsequently must have been offered to Wake Forest College, because within a relatively short period of time the Bowman Gray School of Medicine became a reality.

The University was severely criticized for not accepting the offer from the Gray family. It was felt that this probably was the end of any possible hope for the expansion of the two-year medical school.

In 1940, Dr. MacNider resigned the deanship after four years of very able and productive leadership. He continued as Kenan research professor of pharmacology and chairman of the department until 1943, when because of failing health, he was forced to resign the chairmanship. He was, however, able to continue his research and teach a course in the history of medicine for second-year medical students, until physical disability forced his retirement in 1950 after 48 years' service. Dr. MacNider died in June, 1951.

W. Reece Berryhill, Dean, 1941-1964

Dr. Walter Reece Berryhill assumed the position of acting dean during 1940-1941, and thus began the second longest deanship in the school's history. Dr. Berryhill stayed on for 24 years (Dr. Manning's tenure as dean had extended for 28 years) and guided the school through its most important and productive time in its history.

In the fall of 1943, at the dean's request, President Graham invited several influential alumni to meet in Chapel Hill to discuss the soundness of the movement to develop a four-year school.

The unanimous opinion of the medical advisors was that the University should assume the leadership immediately for planning expansion of the School of Medicine and for seeking state aid for the construction of hospitals in rural areas or in areas where hospital facilities were inadequate or already too outmoded to meet the demands of medical care.

In order to prepare a program which might be discussed with Governor Broughton at the Board of Trustees meeting in January, 1944, President Graham appointed Dr. Paul McCain chairman of a committee to develop a proposal to submit to the Trustees. The dean of the medical school, at the request of Dr. McCain, was appointed by President Graham to represent the University and to act as its secretary on the committee.

Before the meeting of the Trustees on January 31, 1944, Governor Broughton requested Dr. McCain's committee to meet with him and present the general objectives of the proposed statewide health program which the committee had formulated. These objectives were discussed at the meeting and were accepted by Governor Broughton. The proposal became known as "the Governor's proposal for the extension of medical care and hospital services in North Carolina."

The Trustees unanimously approved the Governor's proposal and authorized the appointment of a commission to study all aspects involved and

Dr. Isaac Hall Manning, Dean, 1905-1933

Dr. C. S. Mangum, Dean, 1933-1937

Dr. William deBerniere MacNider, Dean, 1937-1940

charged it with submitting recommendations for implementing the goals to the General Assembly in 1945. Immediately, Governor Broughton appointed Dr. Clarence Poe chairman of this new Hospital and Medical Care Commission. By October, 1944, the commission adopted its report for submission to Governor Broughton and appealed to the people of the State for support in its implementation.

While the majority of the commission approved the recommendation and worked steadfastly for the next two years to bring about favorable action by the 1945-1947 General Assemblies which would implement them, there was far from unanimity among its members on the two major issues — state funds for hospital construction in communities deficient in hospital beds and the expansion of the University School of Medicine with the construction of a University hospital at Chapel Hill.

The period 1945-1947 was perhaps the most important two years in the history of the state with respect to the development of hospital facilities and medical care in North Carolina. By the same token, this was perhaps the most crucial period in a long life of the University School of Medicine.

The General Assembly of 1945 approved legislation which:

Established the North Carolina Medical Care Commission;

Appropriated funds for loans to students in medical schools in the state who would agree to practice in rural areas for the number of years over which funds were borrowed;

Authorized the Trustees of the University to expand the medical school to a four-year school, but with an amendment which requested that further study by the Rockefeller Foundation or comparable out-of-state experts on the best location for the expanded school (advantages of a city for its location over those of the campus at Chapel Hill) before the authorization could be implemented.

This amendment was introduced in the House of Representatives of the 1945 General Assembly by a representative from Guilford County and in the Senate by a representative from Mecklenburg. It resulted in the appointment by the North Carolina Medical Care Commission of a national committee, headed by Dr. W. T. Sanger, president of the Medical College of Virginia, whose task it was to study the question of the best location for the expanded school and proposed hospital. This charge was enlarged — on the insistence of those whose members of the Medical Care Commission who opposed the school's expansion, led by Dr. W. S. Rankin — to include a study also for the need for an expanded school. The commission was officially known as the National Committee for the Medical School Survey, but it became more familiarly called the "Sanger Commission" after its chairman.

After more than six months study, a majority of the members of the commission in essence agreed with the recommendation of the Hospital and Medical Care Commission, with some broadening of the function of the medical school and a well-stated emphasis on the importance of regionalization in the delivery of medical care in the future. It was recommended that the School of Medicine at the University be expanded and that it be located on the University campus in Chapel Hill.

There was yet one more encounter before Dr. Berryhill and others concerned could be totally absorbed in planning for the medical school in Chapel Hill. This was an exploration of cooperation with the Moses Cone Hospital in 1947. After much discussion between the Board of Trustees of the Moses Cone Hospital and a medical school committee appointed by the Governor, it was decided by the executive committee of the Board of Trustees that a merger between Moses Cone Hospital and the University School of Medicine which had been suggested not be recommended.

Dr. Berryhill can be credited for the wisdom shown in picking the original North Carolina Memorial Hospital director and department chairmen. Dr. Robert Cadmus was made director of the hospital. Dr. Nathan A. Womack, an alumnus of the University and medical school was professor of surgery. Dr. Charles H. Burnett was professor and chairman of medicine. Dr. George

W. Reece Berryhill, Dean, 1941-1964

Dr. Isaac M. Taylor, Dean, 1964-1971

Dr. Christopher C. Fordham, III, Dean, 1971

Caldwell Hall, the first University building planned for medical instruction. Home of the School of Medicine from 1912 until 1938.

C. Ham was professor and chairman of psychiatry. Dr. William L. Fleming was professor and chairman of preventive medicine. Dr. Ernest H. Wood was professor and chairman of radiology. Dr. Edward C. Currin, Jr., was professor and chairman of pediatrics. And, Dr. Robert A. Ross was professor and chairman of obstetrics and gynecology. These distinguished chairmen, coupled with those of basic science departments who were already in Chapel Hill, along with Dr. Berryhill, can be credited for the success of the early years of the four-year medical school and North Carolina Memorial Hospital.

The Decade 1954-1964

This decade was a highly productive period for the University medical center. There was continuing development and strengthening of central activities, accompanied by improvement in the quality of instruction and the quality of patient care, as well as greater involvement and productivity in research activities by the entire faculty.

With gradually increasing state appropriation for the operational budgets of both the medical school and Memorial Hospital, and especially with the growth of Federal support for research and training, new faculty members were added in all departments. The generally high standards of excellence which the faculty brought to the school in exercising the performance of their teaching, research, and patient care duties has been demonstrated by the large number of faculty who have achieved national recognition and membership in scholarly and professional organizations.

Although there were many problems during the years 1954-1964, the decade could be characterized as a period in which there was tremendous growth and increasing recognition of the school, nationally and internationally.

In the autumn of 1962, Dean Berryhill informed President Friday and Chancellor Aycock of his intention to resign from the deanship at the end of the 1963-1964 academic year, two years in advance of the mandatory retirement age for administrative officers in the University. There is no doubt that Dr. Berryhill has been the most influential dean in the school's history.

Dr. Berryhill retired from the University in 1973, but he continued to be an advisor and friend of faculty, students, and the leadership of the School of Medicine — indeed, the University. His entire professional life was thus devoted to improving medical education and medical care in North Carolina. Dr. Berryhill's accomplishments were recognized by his much beloved University when he was awarded the honorary degree of Doctor of Science at commencement exercises in 1976.

Dr. Isaac M. Taylor, Dean, 1964-1971

In September, 1964, Dr. Isaac M. Taylor, professor of medicine, succeeded to the deanship. He had been Dr. Charles Burnett's first faculty appointee in the department of medicine in 1951 and had been an active and valuable member of the faculty. A former Markel Scholar in the medical sciences, he had become interested in medical illustration and had served as special assistant to Dean Berryhill in 1962-1964 as coordinator of planning for the new ambulatory clinic addition to the hospital.

During the seven years of his deanship, the greatest expansion of physical facilities, growth in faculty, student enrollment and academic programs in the medical school's history occurred. To a large degree, this was made possible by the increasing availability of federal funds for construction

of facilities, support of research activities, and operating budgets of schools of the health sciences. These funds were supplemented by generous appropriations from the North Carolina General Assembly because of the concern for improving health care. As a result, the school made significant progress in medical education and in meeting health care needs of North Carolina.

Dr. Taylor's understanding of the complexities of modern academic medical science, its relationship to the parent university, and to the state which supports it was the key to the success of his term as dean. He worked for the University administration and state political leaders to establish an understanding of the potential of the school for service to the state and of what was required for the full realization of that potential. His understanding of the social and political forces in North Carolina during the decade of the Sixties enabled him to create an atmosphere in which these developments were possible and in which growth of the School of Medicine continued until the present.

In September, 1970, Dr. Taylor submitted his resignation effective June 30, 1971.

Dr. Christopher D. Fordham, III, Dean, 1971-1979

In September, 1971, Dr. Christopher C. Fordham, III, Vice President and Dean of the Medical College of Georgia School of Medicine, succeeded Dr. Taylor in the deanship, becoming the ninth dean of the School of Medicine.

As a member of the resident staff of medicine beginning in 1953, and except for service in the Air Force and a short period in private practice, Dr. Fordham had served with increasing effectiveness from instructor in 1958 to professor of medicine in 1968. In addition, he was associate dean for clinical sciences under Dr. Taylor. In 1969, he became professor of medicine, vice president and dean of medicine at the Medical College of Georgia. His return to the University of North Carolina met with enthusiastic support from faculty and alumni.

The medical school's history under Dean Fordham's leadership can be characterized as a time of exciting and balanced growth. In 1970-1971, the budget for the School of Medicine was $23,717,194 and by 1976-77, it had almost trippled to $62,100,000; the full-time faculty had increased from 318 to 534, and the medical student body from 337 to 559. During this time the school has increasingly met its responsibility to the citizenry of North Carolina as a highly responsible and responsive state university medical school. And, at the same time, it has increased its national and international stature as a citadel of scholarship and research. This subtle, delicate, and difficult to achieve balance can doubtless be attributed in part to Dean Fordham's clear understanding of the crucial importance of each of these elements as well as to his ability to attract first-rate leadership and to martial its efforts in achieving the balance.

It is particularly remarkable that scholarship and research did not atrophy during the last decade, since the major national emphasis has been on service-related activities and consumerism, and things of the mind — particularly in the area of biomedical science — have become suspect. In the summer of 1978, Dean Fordham announced that he was resigning the deanship effective June, 1979; however, he is to continue in the role of vice chancellor for the division of health sciences, a position that he was appointed to during the winter of 1978.

Dr. Fordham further announced that he would be taking a six-month leave of absence and that during this time Dr. William Easterling, who had been vice dean, would become the acting dean.

At present, a search committee is seeking Dr. Fordham's successor.

Thus, the first 100 years of medical education in Chapel Hill comes to a close. □

Dr. Walter Reece Berryhill, 1900-1979

Dr. Walter Reece Berryhill, 78, Sarah Graham Kenan professor of medicine emeritus and dean emeritus of the School of Medicine, died at 5:30 p.m. Monday, January 1, 1979, at North Carolina Memorial Hospital following a long illness.

Berryhill was credited with being the one man who could make a 60-year-old dream come true: a four-year medical school at his alma mater, the University of North Carolina at Chapel Hill. From the time the native of Mecklenburg County was named dean in 1941, he spent 11 years working behind the scenes with influential alumni to gain legislative support for the plan.

Berryhill, who had exacted a promise from the University administration to seek four-year status for the school before he accepted the deanship, knew exactly where to go for help. Recalled the late Dr. Nathan Womack, the first chairman of surgery: "A lot of people had tried to get a four-year school, but Reece was the one to hit upon a secret weapon: the alumni. The 'country boys' came through." Many of the country boys had been their classmates at Chapel Hill, and many were legislators. Legislative recognition in the form of an appropriation for $5,290,000 came in 1947. The appropriation was for an addition to the existing medical school building and the construction of the North Carolina Memorial Hospital, the School of Nursing and residences for nurses, interns and residents.

In 1973 Berryhill was honored by the School of Medicine when it named one of its buildings Berryhill Hall. The basic sciences building for students in all health disciplines cost slightly more than the original 1947 appropriation.

In assessing his academic career, those who knew him best said that there seemed to be no aspect of medical education he had not studied. After receiving a Bachelor of Arts degree in 1921 and a Certificate of Medicine from UNC's two-year medical school in 1925, he went to Harvard University. He received his M.D. degree there in 1927. He completed his internship at Boston City Hospital and his residency at Case-Western Reserve University in Cleveland, Ohio. He was an instructor there before returning to Chapel Hill in 1933 as the director of the Student Health Service.

After he stepped down as dean in 1964, Berryhill became director of the division of education and research in community medical care. During five years in that position, he broadened UNC's teaching base by arranging hospital affiliations throughout North Carolina. From these cooperative arrangements, which provided full-time faculty for the associated hospitals, was created the North Carolina Area Health Education Centers program, recognized nationally as one of the most promising of its kind.

Berryhill was named a master of the American College of Physicians in 1977, the highest level an individual can attain within the organization, in recognition of his work in laying the foundation for the AHEC program in North Carolina. In 1976 he was awarded an honorary Doctor of Science degree from UNC.

He received the O. Max Gardner Award and the Distinguished Citizens Award from the Governor in 1964 and the UNC School of Medicine Distinguished Alumnus Award in 1965. He also was honored by former students and house officers in his home county, Mecklenburg, when the W. Reece Berryhill Mecklenburg Medical Scholarship was established in 1971.

He belonged to numerous professional associations and societies, either holding full or honorary membership. Among them were the American College of Physicians; Association of American Medical Colleges, of which he was vice-president in 1958 and served on the executive council from 1953-56; Phi Beta Kappa; Alpha Omega Alpha, scholastic honorary society for medical students; and honorary memberships in the Womack Surgical Society, Robert A. Ross Obstetrical Society and N.C. Academy of Family Practice.

Berryhill is survived by his wife, Norma Connell Berryhill, formerly of Warrenton; two daughters, Jane Berryhill Neblett of Charlotte and Catherine Berryhill Williams of Chapel Hill; and three grandsons and two granddaughters.

Visiting Professors Named

A number of departments in the School of Medicine have invited scholars and clinicians to be Centennial Alumni Visiting Professors in the celebration of the school's 100th birthday, Feb. 9-10.

The professors and host departments are: Dr. Robert G. Brame, obstetrics and gynecology; Dr. Laurence E. Earley, physiology; Dr. Harold J. Fallon, medicine; Dr. Frederick K. Goodwin, psychiatry; Dr. Anthony Y.H. Lu, biochemistry; Dr. Ronald G. Michels, ophthalmology; Dr. Erle E. Peacock, Jr., surgery; Dr. George D. Penick, pathology; Dr. Joseph S. Redding, anesthesiology; Dr. William J. Waddell, pharmacology and Dr. George T. Wolff, family medicine.

Brame received his undergraduate and medical degree from the University and served on the faculty of the School of Medicine. He is professor and chairman of the department of obstetrics and gynecology at East Carolina University.

Earley is a specialist in renal research who received his medical degree from the School of Medicine. He chairs the department of internal medicine, University of Pennsylvania Hospital.

Fallon is the William Branch Porter Professor of Medicine and chairman of the department of medicine at the Medical College of Virginia. He is a former member of the faculty of the School of Medicine where he was a professor and vice-chairman of the department of medicine.

Goodwin received his M.D. degree from the St. Louis University School of Medicine before training in psychiatry at the School of Medicine. He is the chief of the Psychobiology Branch of the National Institute of Mental Health.

Lu received his Ph.D. in biochemistry from the University, then joined the department of biochemistry and drug metabolism at the Roche Institute of Molecular Biology before assuming his present position as senior investigator with Merck, Sharp and Dohme.

Michels is associate professor of ophthalmology at the Johns Hopkins University School of Medicine. He received his undergraduate and medical degree from the University.

Peacock was a member of the School of Medicine faculty from 1956-1969 and founded the Hand Center for rehabilitation of damaged hands and fingers. Before joining the faculty at Tulane University as professor of surgery, he was chairman and professor of the department of surgery at the University of Arizona.

Penick is a former medical school faculty member and Markle Scholar and received the Distinguished Service Award here in 1977. A Harvard University Medical School graduate, he is professor and chairman of the department of pathology at the University of Iowa College of Medicine, a consulting pathologist at the Veterans Administration Hospital in Iowa City and chief of the pathology service of the University of Iowa Hospitals and Clinics.

Redding received his Certificate of Medicine here in 1946 before receiving his M.D. degree from the University of Maryland. He is professor of anesthesiology and respiratory therapy at the Medical University of South Carolina in Charleston, where he serves as head of the section on respiratory therapy in the school's College of Medicine and as medical director of the respiratory therapy program in the College of Allied Health Sciences.

Waddell received his M.D. from the School of Medicine in 1955, was a member of the faculty in the department of pharmacology and was associated with the Dental Research Institute here. He joined the faculty of the University of Kentucky in 1972 and is currently professor and chairman of the department of pharmacology and toxicology at the University of Louisville School of Medicine.

Wolff is director of the Family Practice Residency Program and the Family Practice Center at Moses H. Cone Memorial Hospital in Greensboro. He received his undergraduate degree from this University before receiving his M.D. degree from Jefferson Medical College.

The First Hundred Years

—a history of medical education at Chapel Hill

The Alumni Directory

—a listing of alumni and former NCMH housestaff

—and the centennial coin . . .

Pre-publication offer!

Celebrating 100 years of medical education at Chapel Hill, a two-volume history and alumni directory of the School of Medicine will be issued. The two volumes, in matching hardcover bindings and a fitted slipcase, make a handsome companion for the centennial coin.

The history, authored by Drs. Manning, Berryhill, and Blythe, includes some 70 photographs of the people and buildings in the first hundred years of medical education at Chapel Hill. The directory will include a listing of medical alumni and former NCMH housestaff, and class photographs from the early 1900's.

The .999 pure silver coin, which comes in an attractive presentation case, is available for $30. The history-directory set will be priced at $40. The commemorative coins are available now; the books will be delivered in February.

If you **act now,** *you can order* **both** *for $55. But to take advantage of this special pre-publication offer, your order must be postmarked no later than February 15, 1979.*

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Remember, to take advantage of this special offer, mail your order by February 15!

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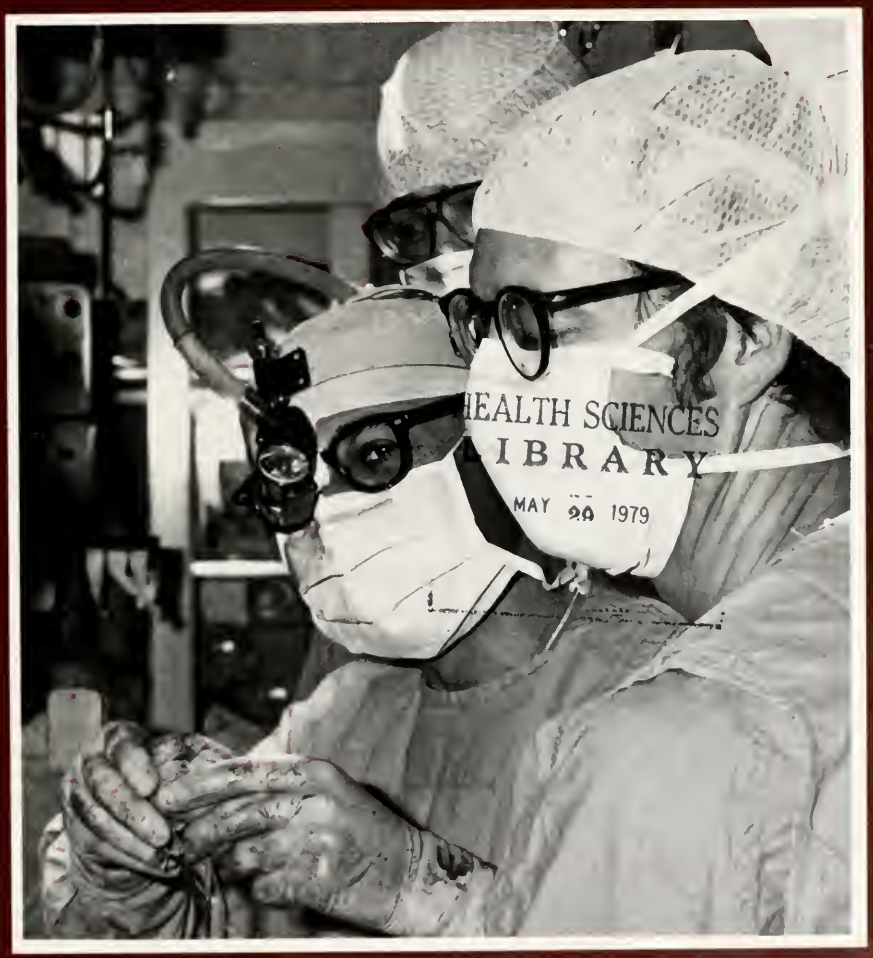
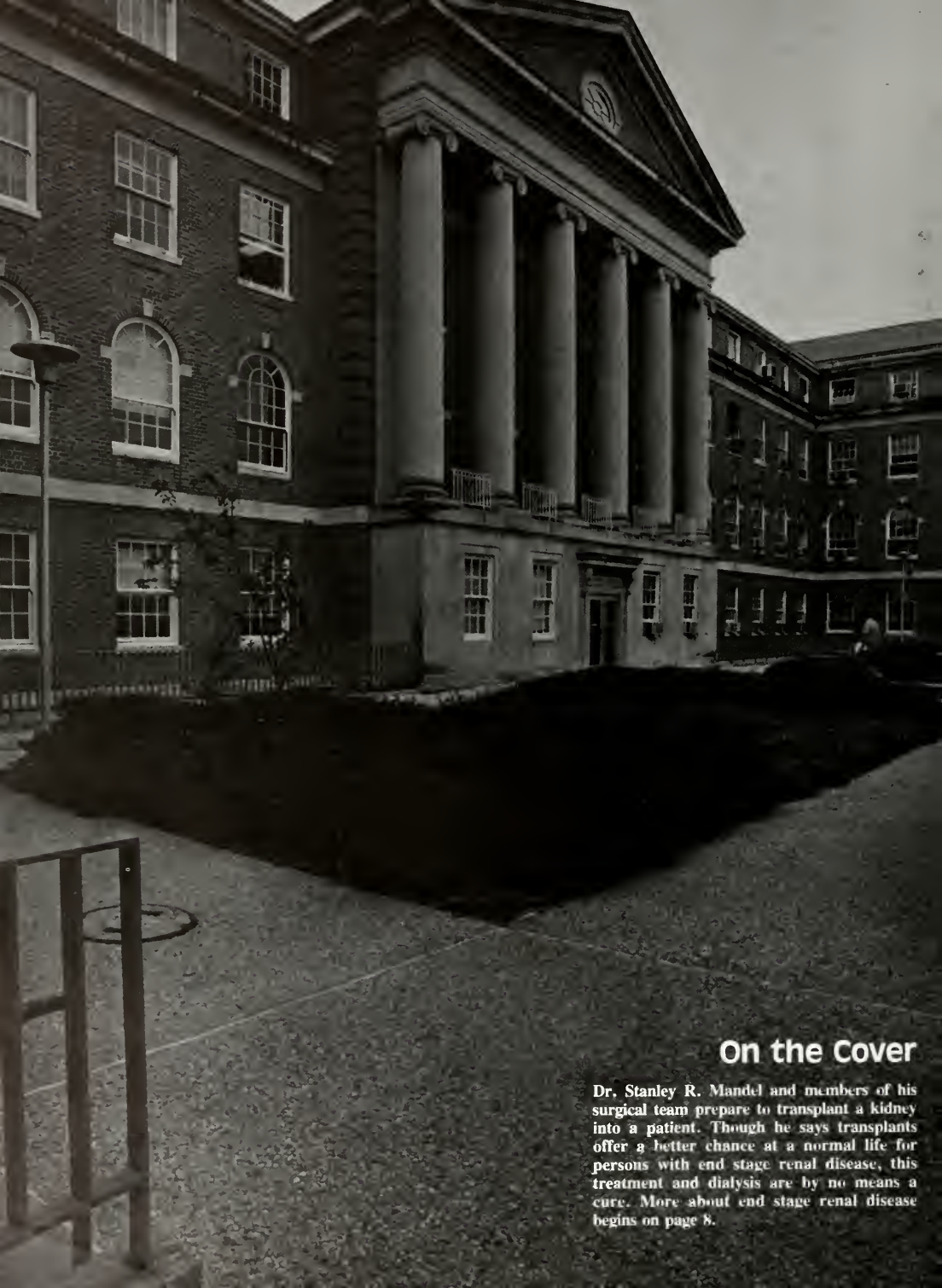
Medical Alumni Bulletin

VOLUME 25 SPRING 1979 SCHOOL OF MEDICINE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL





On the Cover

Dr. Stanley R. Mandel and members of his surgical team prepare to transplant a kidney into a patient. Though he says transplants offer a better chance at a normal life for persons with end stage renal disease, this treatment and dialysis are by no means a cure. More about end stage renal disease begins on page 8.

Medical Alumni Bulletin

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Behind the lines

It's business as usual at the School of Medicine following a successful February Centennial celebration. The historic event focused public attention on an institution that has produced a large number of North Carolina's physicians, and has served as a leader in providing modern medical care to the state's people.

Dr. George I. Lythcott, head of the federal Health Services Administration, noted another area in which the School of Medicine can be proud when he called the institution "a vanguard in the effort to increase minority enrollment." Despite a national picture of declining minority enrollment in medical schools, Lythcott pointed to the School's firm 12 percent as a model for the nation. Enrollment diversity among medical schools is critical if health care is to meet the needs of the nation's minorities, he said.

So important was the Centennial that a University convocation was held awarding four honorary degrees.

The weekend marked another significant anniversary, the 25th reunion of the school's class of '54, the first four-year class of physicians to graduate from the School of Medicine. Their perspective on the institution is perhaps the best reflection of its rapid development in recent years. Most of the class still practice in North Carolina. A look at the class and a wrap-up of Centennial activities appear inside.

A more complete history of the medical school can be found in the two-volume set, *The First Hundred Years*, and the Alumni Directory. Dr. John McCain, '50, reviews the set in this issue. And a lasting momento of the Centennial is available in the Centennial coin. Both may be purchased from the Medical Alumni Association.

It's always the intent of the editors that the *Bulletin* serve as a way for alumni and faculty to feel an important part of the medical center. To that end we will periodically publish articles written by alumni and faculty. Readers with an idea that has general reader appeal may query the editor.

—KCB

A day of minor triumphs—and death

by Robert Conn

CHARLOTTE—It was 7 a.m. at Charlotte Memorial Hospital, and one doctors' parking lot was full. The second was filling fast.

In the doctors' lounge a few feet inside the electronic sliding doors, doctors streamed in to pick up fresh computer lists of their patients before heading upstairs.

Dr. William C. Sugg Jr., 43, a 6-foot-3, slender blond, picked up his list, nodded to a few friends and headed for the fourth floor to see the first of four patients, an elderly woman recovering from hip surgery.

Sugg has been an internist for 11 years with Charlotte Medical Clinic. His day may be typical for Mecklenburg's 262 primary care physicians—internists, family practitioners, obstetricians, gynecologists or pediatricians that families call "my doctor."

His day is made up of hospital visits, office examinations, telephone advice, even house calls. Every other Tuesday, every eighth Friday and every fourth weekend, he's on call, answering after-hours calls for his group's 10 doctors, paying evening visits to their hospitalized patients and responding to emergencies. He takes no afternoons off, but is off three of four weekends.

This day was just beginning. Sugg mused that his list of four patients that day was unusually small. Often, it had more than a dozen patients.

He spent a few minutes asking the elderly woman about her hip —recovery had been slow—and took a quick look at the wound. The stitches had been removed, and adhesive tape was holding the wound together.

Then he loped downstairs to the third floor to see a woman with stomach bleeding. Sugg checked her chart, told her he had hoped to stop the bleeding with medical measures but now felt an operation was needed.

She agreed. Sugg noted that recommendation in her chart.

He strode down the carpeted hallway to the other end of the third floor to see two men admitted the afternoon before.

The older man looked very sick, very thin; his face was pallid, his cheeks sunken. A tube supplied oxygen through his nose. The man complained of a bad night and was having difficulty breathing.

Sugg examined him closely, said he wanted more tests, then stepped outside to explain that the man, a heavy smoker in his 70's, had "end-stage emphysema."

The old man's lungs had so deteriorated that little could be done except to make him as comfortable as possible. Heavy smoking causes more than 95 percent of emphysema cases, Sugg estimated.

Sugg looked through the man's chart. Tests showed lungs were absorbing just enough air to keep him alive. A new electrocardiogram showed irregularities in heart rhythm. Sugg ordered more tests to make sure he was getting enough oxygen.

He wrote his orders, spoke with nurses and was heading down the hall when he was paged for the first phone call of the day—from the wife of another emphysema victim being treated at home. She said her husband had had a bad night. Sugg agreed to stop by that day.

He dropped in on his fourth patient, a young man with a puzzling internal infection. Sugg confessed he still didn't know what it was. He ordered more tests, and said he would start intravenous fluids because the man hadn't been eating.

Sugg took his time, talking slowly, even nonchalantly, leaving opportunities for questions. (Later, the young man said he always felt Sugg spent the needed time with him.)

Sugg, who tries to squeeze in opportunities to keep up with rapidly changing medical developments, dropped by a lecture on infectious diseases in a large classroom at the adjoining Area Health Education Center.

By 8:45 a.m., he was leaving the hospital.

"We'll stop by on that house call on the way to work," he said.

At the man's home, the nurse on duty described his difficulty breathing. The patient, lying on his side and getting oxygen from a tube attached to a green tank at his bedside, had difficulty hearing.

Sugg ordered pain medicine cut back. He told the nurse and the man's wife the pain killers probably increased his breathing problem.

The nurse and wife worried the man would be more anxious and disturbed if the pain medicine were stopped. Sugg explained he just wanted to cut it back. Treatment, he added, is a delicate balance—the pain drugs slow breathing, but the man needs them.

Eighteen patients were on his schedule, written in pencil to allow emergency additions and substitutions for cancelled appointments. Sugg sees 18-23 patients a day.

Sugg graduated from Auburn University in Alabama in 1957, Emory University Medical School in Atlanta in 1961. He did his internship and residency in internal medicine at North Carolina Memorial Hospital

and a fellowship in pulmonary diseases at the School of Medicine.

The 10 doctors at Charlotte Medical Clinic are salaried, along with the clinic's 39 employees, including 10 nurses and a nurse practitioner. All they collect—including fees at the hospitals and from house calls, books, papers, lectures—goes to the group.

The doctors share profits. Salaries vary (as they do among other Charlotte internists), but Sugg estimates them between $55,000 and $65,000 and, with profit-sharing, annual income averages perhaps $70,000.

At 9:15 a.m., he saw his first office patient, who was doing well after an ulcer operation. Sugg checked him carefully, following a routine he used with most patients.

The routine: Sugg's nurse interviews and examines each patient, attaching a note to the record that summarizes symptoms, blood pressure, temperature and tests.

Sugg begins by probing for tender spots and listening with his stethoscope to the heart and lungs, talking all the while with the patient.

He might look at X-rays, check reflexes, examine legs and feet for blood clots or swelling and check eyes and ears.

He ends the exam with another chat, usually sitting on the equipment table, feet dangling above the floor, telling the patient what he's found.

The typical charge for an office visit is $16, exactly double the $8 charged when Sugg started practice, and, he likes to point out, "paralleling the (federal) Consumer Price Index almost exactly."

The clinic has an average overhead of 52 percent on all fees, which means slightly less than $8 goes to Sugg and his colleagues. The clinic gets 69 percent of its income from physician charges, 4.3 percent from its nurse practitioner—and other special nursing service, 19.5 percent from lab charges and 7.3 percent from X-ray.

Sugg told the man with the ulcer that everything seemed fine and asked him to come back in six months.

Next, in the second of three cubicles, he chatted with a man who had had all three major heart arteries bypassed and a clogged neck artery—supplying the brain—re-

paired. He was in for a checkup.

The patient said he could mow the lawn without heart pain and shortness of breath.

The parade of patients continued until lunch:

A woman with a bladder infection and intestinal upset; a diabetic whose new blood tests showed normal sugar levels; a woman with heart disease and angina, in for a Pap smear and a checkup; a man with low back pain for whom a muscle relaxant was prescribed; a woman whose blood pressure was too low because of medicine to control high blood pressure; a woman with hypertension and depression; a woman with hives.

The morning's last office patient, the day's 12th, said he experienced the worst pain in his life before he passed a kidney stone at Charlotte Memorial. The man, a teacher, worried a good bit about his health, jogging regularly and watching fat in his diet. Sugg suggested he drink six to eight glasses of water a day to cut the chance of another stone.

Whenever he could, Sugg snatched a few minutes to dictate progress notes on each patient and to answer a stack of phone messages.

One patient had phoned to insist on seeing Sugg. The schedule was full and Sugg called to say he could see no more patients that day. He suggested the man see a partner. But after the man described a possible venereal disease, Sugg suggested he drop by about 3:15.

Twice during the morning, he called the hospital to ask about his patient who was having difficulty breathing. No change.

At lunch, Sugg joined other doctors in the clinic's library.

By 1:45 p.m., after less than a 30-minute break, he was examining a happy woman of 62 who had controlled her high blood pressure by watching her diet for excess salt and losing 13 pounds.

The afternoon problems were much like the morning's—heart disease, pneumonia, high blood pressure, breathing difficulties, the staples of a practice that revolves around the most common medical problems.

Back in his office, he returned more phone messages, including a call to a psychologist to discuss the next steps in treating a patient with emotional problems.

Also on Sugg's desk were eight new medical journals.

Under pressure to keep up, Sugg has developed a shortcut, quickly reading the table of contents, tossing out magazines without articles that sound interesting. When he spots an article he wants to read, he circles the pages in the contents. His nurse cuts the article out and throws the magazine away.

Sugg's subspecialty is chest disease, and other doctors frequently call on him. The drawer of the latest articles helps him to keep up-to-date. He estimates he spends 70 percent of his time practicing general internal medicine, and 30 percent on his subspecialty.

As in the morning, he rotated among his three patient cubicles and his office. He was talking with a patient when his nurse came with an urgent message. The emphysema victim's heart had stopped.

Sugg called Memorial. A special cardiac-arrest team had been at work even before Sugg's office had been called. A Charlotte Medical Clinic partner was at the bedside.

Sugg decided he could do nothing more himself. So he saw two more patients—including the nervous VD patient, whose gonnorrhea was treated with a battery of drugs.

Sugg had prepared the family for the patients death, and they knew death was near. So he simply telephoned the daughter to break the news.

"The important thing is to prepare the family and the patient," Sugg says. When death is not expected, he spends more time with the family afterwards.

It was almost 5 p.m. when Sugg got back to his office to speak with his nurse, finish dictating his charts and handle results from previous tests.

Sugg spent a few minutes interpreting tests and filling out brief forms notifying patients of the results.

It was close to 6:30 p.m. when Sugg left the office—11½ hours after he first walked into Memorial Hospital to start his day. With afternoon hospital rounds done, ordinarily he'd be heading home. But he was on call, so at 6:40 p.m., he walked back through the automatic doors at Charlotte Memorial Hospital for evening rounds, not knowing what to expect or when he'd get home. □

Robert Conn is medical editor for The Charlotte Observer from which this story is excerpted with permission.

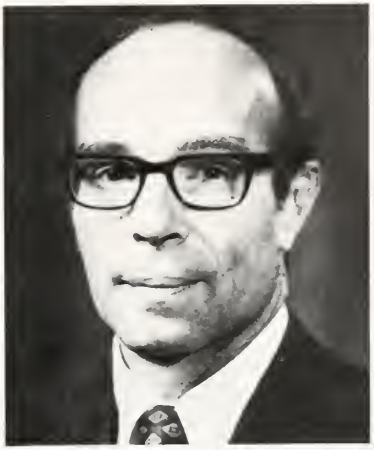
214 MacNider

The annual alumni activities and the Centennial Celebration in early February were a great success. Thanks to Dr. William McLendon and the Centennial Committee, Dr. William Wood and his staff, Dr. James Thorp, medical alumni president, Dr. John Sessions and his committee and to the faculty and alumni of the school, the turnout was impressive (despite the blizzard!). The program was excellent and the spirit was high.

All of this was a fitting start for the next era of progress of the medical school and its service to the people of North Carolina, the country and the world.

To the Alumni and friends of the school, I want to say how much I have enjoyed working with you as dean and how deeply I have appreciated your support of the school. The faculty, students and programs of the school are outstanding by any standard. They, and those whom they serve, merit our continued interest and support. Each of us is fortunate to be able to identify with an institution which contributes so much to society, which will endure, and which, by its quality, humanity and high aspirations, makes our lives and those that follow us, so much the better.

Christopher C. Fordham, III



New dean named

Dr. Stuart Bondurant has been named dean of the School of Medicine, with his appointment becoming effective August 20, 1979. As the school's 10th dean he will succeed Dr. Christopher C. Fordham III. Fordham, who has served as dean since 1971 will continue as vice-chancellor for health affairs and professor of medicine.

Bondurant serves as president and dean of Albany Medical College of Union University in Albany, N.Y., a position he has held since 1974. He is president-elect of the American College of Physicians and chairman-elect of the Association of American Medical Colleges' Council of Deans.

A native of Winston-Salem, he is an alumnus of the University, having graduated in 1952 with a B.S. degree. He received his M.D. degree the following year from Duke University School of Medicine.

Following internship and residency at Duke and the Peter Bent Brigham Hospital in Boston, Bondurant served as a medical officer in the Air Force for two years.

Before joining the faculty at Albany Medical College, he was professor of medicine at Indiana University School of Medicine. At Albany Medical College, Bondurant was Robert B. Lamb professor, chairman of the department of medicine for seven years prior to being named president and dean, and physician-in-chief of the Albany Medical Center Hospital.

He served as Chief of the medical branch of the Artificial Heart-Myocardial Infarction Program at the National Heart Institute, and served on the National Heart and Lung Advisory Council.

Bondurant is a regent of the American College of Physicians, treasurer of the Association of American Physicians, a member of the biomedical panel of the Air Force Scientific Advisory Board and the American Society for Clinical Investigator's Committee on National Policy.

Searching for

Hundreds of patients with end stage renal disease have been treated at the North Carolina Memorial Hospital dialysis center pictured here and its satellite center in Carr Mill shopping mall in Carrboro. Above, Dr. Gottschalk.

nswers to end stage renal disease

More than $1 billion a year is spent to treat the 40,000 Americans afflicted with end stage renal disease. But none of them are cured.

Expensive treatments are only a partial answer to the disorders that cause permanent kidney failure, said Dr. Carl W. Gottschalk, Kenan professor of medicine and physiology. And more research is needed if science is to provide a cure, he added.

More than 1,000 North Carolinians suffer from the diseases.

"The problem is, we don't know enough about the basic biological disturbances in many areas, not enough about causes and certainly not enough about how to prevent these diseases," Gottschalk said, "and we can't cure them."

The most common form of end stage renal disease is glomerulonephritis, a combination of illnesses characterized by an inflamation that destroys the filtering parts of the kidney. There are numerous other causes, including hereditary disorders, kidney destruction caused by the long-term use of certain over-the-counter analgesics and the destructive effects of other diseases.

Commonly known as the body's filters, Gottschalk said the kidneys "are more accurately called the body chemists." Besides removing end products through urine, the kidney returns to the bloodstream substances the body needs. In doing so, it helps the body maintain a stable chemical balance.

Each kidney has about a million parts called nephrons where a large volume of water and dissolved substances are filtered. Most of the water and solutes are reabsorbed by the body. About one percent of the filtered fluid travels from the kidney to the bladder, to be eliminated from the body as urine.

If a critical amount of nephrons are destroyed, the kidney can no longer adequately do its job, he explained. Unaided, the body is unable to regulate itself normally and over time uremia—a build-up of wastes in the bloodstream—and death result.

"One problem with kidney disease is that you can have it for years without knowing it," noted Gottschalk, who said symptoms can be as vague as weakness and swelling.

When kidney function fails, a person can have blood cleansed by an artificial kidney machine in one of 15 centers throughout the state.

At North Carolina Memorial Hospital, dialysis is offered in two methods, said program director Dr. William D. Mattern. Hemodialysis cleanses the blood by machine outside the body. It requires permanent access to quick-flowing blood achieved by tying together an artery with a vein, and is performed two or three times a week at four-to-six hours a treatment.

Peritoneal dialysis takes 10 hours and is performed every other day, but it can be done without assistance and patients can sleep through it. The peritoneal cavity is lined with blood vessels providing a permanent access to the blood. The method is easier on the arterial system, an important criteria for such patients as the elderly, because the blood doesn't have to circulate outside the body.

When available, transplants offer a different kind of alternative. Said Dr. Stanley R. Mandel, "It's a cure when it's working, an absolute cure." Mandel, professor of surgery, has performed more than 100 transplants at N.C. Memorial since 1969.

Still, surgery has its risks and even if successful, transplants don't always work forever. "A transplanted kidney is a large block of foreign tissue and your body's natural defense is to get rid of it," Mandel acknowledged. "Immune-suppressing drugs suppress this, but we walk a line. Drugs also supress the immune system's positive work in fighting off infection in the rest of the body."

Despite elaborate measures, statistics show that nearly 10 percent of dialysis patients die each year and up to half of all transplants are rejected by their recipients within two years.

They also show a marked improvement from those before federal legislation enacted in 1973 that widened Medicare and Medicaid programs to finance the bulk of the cost of care. The unprecedented legislation was written in part due to the recommendations of the National Committee on Chronic Kidney Diseases that Gottschalk chaired. (The State Kidney Program also has limited funds that pays for a portion of treatment not covered.)

The treatments are far from a cure, but Gottschalk acknowledged he is optimistic. "We've learned much in recent years, about the immunological mechanism, about the physiology of the kidney and its function in the diseased state."

But the answer to a cure and prevention, he said, lies in research.

He knows just how they feel

Some stare blankly at television sets, while others, over the hum of artificial kidney machines, try to sleep. The wait is tiresome and the patients are cranky.

Weary nurses come to their aid, but it's technician Michael White who artfully soothes frazzled nerves. With careful attention and cheerful words, White has an apparent edge over the rest of the staff. But then, he knows how the patients feel.

Like those he cares for, White is a victim of end-stage renal disease, a condition marked by a complete shut-down of kidney function. Without the blood-cleansing action of an artificial kidney machine (dialysis), or a kidney transplant, doctors say such patients would die from uremic poisoning within a few weeks.

As for his uncanny patience, he explains, "It's different for me than for the rest of the staff. They try very hard to understand, but they don't know what these patients are going through. A dialysis patient is not a normal person with a disease. It can break up a marriage, even cause suicide. You see real changes in people. I saw them in myself."

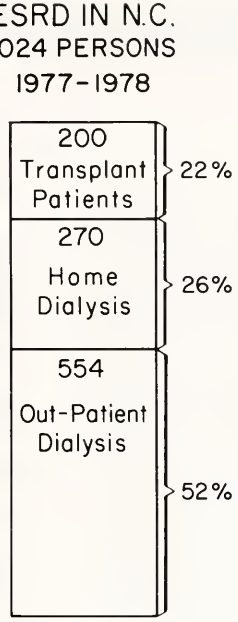
An otherwise healthy teenager, White dismissed the swelling in his ankles 11 years ago that doctors recognized as a sign of early kidney disease. "I didn't understand what was wrong," he recalls, "and no one told me my kidneys would eventually fail."

He learned for himself two years later when a bout with the flu signaled the end of his kidney function.

(Dr. Stanley R. Mandel, professor of surgery, says infection triggered White's own antibodies to attack and destroy his kidneys, for reasons that still elude science.)

It was a risky time for ESRD patients, several years before government programs would under-

Once a dialysis patient at N.C. Memorial, Michael White is the recipient of a successful kidney transplant and works in the hospital's dialysis center as a technician.



More than 1,000 North Carolinas suffer from end stage renal disease. Of those, more than half receive dialysis treatments in one of 15 centers throughout the state. More than one in five have received transplants. The others are trained in home dialysis.

write the bulk of the costly care needed to keep them alive. Dialysis—the solution for most who suffer from the disease—was at best a mixed blessing for White.

Hemodialysis worked poorly. The method requires access to the arterial system so that an increased flow of blood, about a pint a minute, can be cleansed by machine. To accomplish this, a plastic tube ties together an artery with a vein. As the artery blood flows into the vein, the smaller opening gradually takes on the artery's characteristics. White's arms, scarred like a drug addict's, convincingly show how blood clots and other complications caused the method to fail.

Peritoneal dialysis offered little more. Without the modern machine, doctors used a make-shift device that failed to drain blood cleansing fluid properly from his abdominal cavity.

So bad were the results that White was sent back home to Ahoskie, he says, to die. He didn't. Nearly two weeks later, his frantic mother called the hospital and he was rushed back for treatment. Soon after, doctors discussed a transplant.

White remembers, "I thought, 'My troubles are over.' "

An only child, he accepted the 50 percent odds for success a cadaver kidney transplant offers. "When you get a transplant, it's all so sudden. You're filled with excitement."

Adjustments came quickly, including a move to nearby Durham, where White attends school in the hope of becoming an accountant. But his joy was short-lived. Doctors soon discovered that a hole in the kidney was leaking urine into his abdomen and it was removed. Faced not only with the return to dialysis, White was also forced to adjust again. "It wasn't only the loss of a kidney," he recalls. "I was near a normal life again, then it was taken away."

The adjustment took its toll, and for much of the next three years, he says, "I became a terrible patient. They'd put me on a diet, then find me in the hospital snack bar." Such antics continued until he finally concluded one day that, "the kidney had failed, but that didn't mean I had to stop functioning."

"I became curious. The doctors would stand at the door and I didn't understand what they were talking about. So when no one was around, I'd start looking for my chart.

"The more I learned about the disease, the more I wanted to know." He began reading, learned home dialysis and, after one job rejection at N.C. Memorial Hospital, became a technician in the dialysis unit.

Then came March 13, 1976, a fateful day White remembers as easily as a birthday. ("A re-birthday," he says.) He received a second kidney. It failed to work for an entire month.

Mandel explains, "Sometimes with a cadaver kidney that's been removed from a body, preserved, then replanted, it takes a while to have renal function begin again. But it did, and has ever since."

That was three years ago. Today, Mandel says his patient's prognosis is good, though White expresses caution at the long-term effects of the medication he takes to keep his kidney.

"I try not to think about the possibility of rejection," he says, glancing at a dialysis machine, "but it's not the farthest thing from my mind."

Would he try a third transplant?

"Possibly," he muses, "but who knows? Maybe by then there will be some sort of pill . . ." □

Extracts

"Be born west of Asheville, eat donkey food and make house calls" were among the "pearls" of wisdom imparted to medical students by members of the faculty during the annual "Medical Pearls Day" lectures March 2.

Twenty faculty members selected by the senior class delivered three-minute presentations on such unlikely topics as "Mother Goose's Medical Truths" and "O Prostate Gland - An Ode."

Dr. George Himadi led off the lecture series by asking, "Is the house call in modern medicine as dead as the dodo bird?" He contended that patients who are too infirm to visit the doctor's office should not be ignored or put in a hospital just because the doctor refuses to treat the patient at home. But Himadi was quick to acknowledge: "I'm a radiologist, so I've never made a house call in my life."

Dr. Ernest Kraybill delivered "Advice to the Fetus: Update 1979," an authoritative list of do's and don'ts for about-to-be-born infants. He said that embryonic North Carolinians would be better off (statistically at least) coming into the world in the mountains west of Asheville. He further advised the fetus to "enter the world head first, face down and immediately scream at anyone in sight."

Above all, said Kraybill, every fetus should strive to be born between 9 a.m. and 5 p.m., Monday through Friday.

Dr. Henry Lesesne made an amusing, but nevertheless convincing case for high-fiber diets with his provocative lecture, "Anyone for Donkey Food?" He contended that a variety of diseases, from heart trouble to colon cancer, would be far less common if our diets contained more fiber, found in the kind of food that Americans feed to donkeys rather than eat themselves.

Although most of the lectures were intended primarily to entertain rather than inform, many of them did contain pithy "peals" of advice for the would-be physicians in the audience. Dr. Douglas Mann, who lectured on "The Neurology of the Tongue," suggested that "physicians should use it (the tongue) in medical practice with sensitivity and compassion."

According to a team of Polish scientists who visited the School of Public Health, lifestyles in the United States and Poland are similar.

But the scientists can't discover why heart disease is declining in the U.S. as it rises in Poland. The Polish death rate due to heart disease is among the highest in Europe, says Professor Stefan Reywik, who chaired the delegation. As in the United States, Polish lifestyles include such eating habits as high animal fat and sugar consumption, high levels of smoking and hypertension. The scientists along with researchers in the Lipid Research Clinics Project are trying to learn if lowering blood cholesterol will reduce the chance of a heart attack.

This is the era of the confused consumer.

He pushes a shopping cart down the supermarket aisles while conjuring up images of his body withering from deficiencies of folic acid, zinc, thiamin and other nutrients he read about for the first time last week. All the while, he forgets about his great aunt who lived to be 99 and couldn't even spell nutrition.

Eating well-balanced, health-maintaining meals doesn't require a calculator or a degree in nutrition, says Dr. Edith MacRae, professor of anatomy who has been involved in nutrition courses for medical students. "If people just concentrate on the best foods for themselves, they will take care of the minerals, vitamins, fiber and amount of calories they need," she assures the confused consumer.

"Deficiencies and excesses may produce an imbalance which may cause bodily breakdown and disease," she says. Perhaps most villainous excesses take the form of fat, sugar and often salt, all of which are devoid of vitamins.

If consumers could follow MacRae through the supermarket, they would see her load up at the fruit and vegetable counter. She would pass by the meat counter, instead opting for chicken and fish. For additional protein sources, MacRae would buy dried beans, low fat milk and other dairy products, whole grains, whole wheat, soy flour and peanut butter.

Fresh is always best, she advises, but even the vital elements in foods can be destroyed with improper cooking. Keep vegetables cooked to a minimum, preferably steaming them in a minimum of water in a covered pot, she says.

Extracts

Dr. Rosemary S. Hunter, assistant professor of psychiatry and pediatrics, has been appointed assistant dean for student affairs. She will be especially involved with defining and meeting the needs of women students, who make up an increasing portion of medical school classes.

Hunter first became involved with medical students here several years ago when she was part of a group formed to deal with the isolation felt by the few women in medical school. Today with more women enrolled, their problems are different, she says. Specific areas of concern include such things as identifying a role model, finding ways to integrate a time-consuming career with having a family and personal concerns.

Some epileptic disorders mimic mental problems so well that doctors have trouble telling them apart.

"It's not uncommon for a person sent to a mental hospital to turn out to be an undiagnosed epileptic who can be helped with medication," says Dr. James N. Hayward, professor and chairman of neurology. "Any time a person is being checked for bizarre behavior, epilepsy should be considered as a cause," he says.

"Epilepsy is one of several organic disorders that mimic emotional problems," adds Dr. Thomas E. Curtis, professor and chairman of psychiatry. The key to whether the behavior is a seizure disorder is often simply whether the person remembers what happened, he says. Epileptics do not remember the attack.

Medication can help epileptics, Hayward says. "I've seen combative, confused and disagreeable people who with medication became the nicest people you'd ever want to meet. But unfortunately, it doesn't work for everybody."

Dr. Edward R. Perl, professor and chairman of physiology, received a $2 million grant for a five-year project from the National Institute of Neurological and Communicative Disorders and Stroke to investigate injuries to the central nervous system.

Perl says scientists will look for answers to how nerve cells of the spinal cord react to injury and the kind of changes that take place as these cells attempt to recover. He says findings should aid physicians who treat persons with injuries to the peripheral or central nervous system, and may also help access the therapeutic value of such controversial treatments as enzyme injections or grafts of nervous tissue for persons paralyzed with spinal cord injuries.

A medical school neurologist has received a $189,407 federal grant to study the action of certain environmental pollutants on the brain. The three-year award from the National Institutes of Environmental Health Sciences will enable **Dr. Lorcan A. O'Tuama, associate professor of neurology,** to continue his research into how such toxic metals as lead, cadmium and mercury damage the developing nervous system by first affecting key parts of the brain.

The Cancer Research Center received a $1 million renewal grant from the National Cancer Institute.

The center is expanding clinical ties with cancer specialists at North Carolina Memorial Hospital so that breakthroughs in laboratory research can be applied rapidly in the treatment of cancer patients.

Dr. Jack Pledger, a member of the cancer center, is investigating the action of a specific virus (SV40) on animal cells grown in tissue cultures.

Pledger hopes to better understand the biochemical processes involved in the control of cell growth to determine how normal cellular processes are altered when a cancer forms. He says, "We want to know how viruses or other agents alter or mimic the normal processes involved in cell growth control."

The annual physical check-up may not be the best medicine for the nation's population, says Associate Professor of Medicine Dr. Suzanne W. Fletcher.

In fact, running routine tests on a majority of patients without regard to age or sex can be wasteful and in some cases, may cause more harm than good, she says. Fletcher suggests instead that physicians screen for diseases in persons most likely to get them, a recommendation practiced by medical school physicians at the Family Practice Center.

Hiding the truth from a child usually does more harm than good, especially when the truth is that the child is going to a hospital, says Patty M. Hill, assistant professor of nursing.

"It's not easy for a child to discover he's been tricked and that he's actually going to have an operation," she says. She encourages parents—the child's most trusted support people—not to mislead the child. Children can tolerate a great deal of unpleasantness as long as they know what to expect, Hill says. Security items like a favorite blanket or toy also help.□

Faculty notes

Dr. Stritter

Frank T. Stritter, Ph.D., associate professor, Office of Medical Studies, was elected national chairman of the Group on Medical Education of the Association of American Medical Colleges at their annual meeting in New Orleans. His one-year term begins in October.

J. Wilbert Edgerton, Ph.D., professor of psychiatry, received the Mental Health Section Award at the October meeting of the American Public Health Association in Los Angeles.

Colin D. Hall, M.D., associate professor of neurology and medicine and director, neuromuscular unit, presented a symposium on neuromuscular disorders in October during a two-day continuing education program at the University of Health Sciences, Chicago.

Roger E. Salisbury, M.D., associate professor of surgery and director of the N.C. Jaycee Burn Center, presented "The Need for Fire Education—a Doctor's View" Feb. 5-6 in Greensboro at the Third Annual North Carolina Fire Education Conference.

Dr. Halleck

Seymour L. Halleck, M.D., professor of psychiatry, was presented the Edwin Sutherland Award by the American Society of Criminology. He is the first psychiatrist to win the award. Halleck is a specialist in forensic psychiatry and has authored and edited books and articles on crime. He is also adjunct assistant professor in the School of Law.

Frank C. Wilson, M.D., chief, division of orthopedic surgery, presented "Replacement of the Knee Joint with the Walldius and Geometric Prosthesis" at the November meeting of the Southern Medical Association in Atlanta.

Joel B. Baseman, Ph.D., associate professor of bacteriology, received the Sherwood Lectureship Award from the University of Kansas for his research achievements in clarifying the molecular pathogenesis of microbial diseases.

Shirley Sanders, Ph.D., associate professor of psychiatry, was elected Fellow of the American Psychological Association. Sanders will coordinate the introductory hypnotherapy workshop for the International Society of Hypnosis Aug. 20-24 in Melbourne, Australia.

Dr. Ewing

John A. Ewing, M.D., professor of psychiatry and director of the Center for Alcohol Studies, was presented the N.C. Distinguished Citizens Award for leadership in medical research. Gov. James B. Hunt presented the award during a research symposium on the prevention of alcoholism Jan. 26 in Raleigh.

David G. Kaufman, M.D., assistant professor of pathology, received a five-year, $30,000 Research Career Development Award from the National Cancer Institute. Such awards are presented annually to promising young scientists. Kaufman will study the relationship between the growth of cells and their susceptibility to chemical carcinogens. He is a member of the Cancer Research Center.

James W. Woods, M.D., professor of medicine, addressed the 51st scientific session of the American Heart Association Nov. 15 in Dallas.

Kenneth Sugioka, M.D., chairman of the department of anesthesiology, was appointed to a three-year term on the newly formed Anesthetic and Life Support Drug Advisory Committee of the Food and Drug Administration. □

Dr. Salisbury

Dr. Sanders

Dr. Sugioka

Celebrating the Centennial

Prominent physicians from across the nation, hundreds of faculty, alumni and friends attended the weekend of events held February 9 and 10 to mark the Centennial of the School of Medicine.

Medical symposiums topped the list of Friday events, highlighted by such subjects as medical education, government regulation, technology and research.

Dr. George I. Lythcott, head of the federal Health Services Administration of the Department of Health, Education and Welfare, expressed concern for the decline in minority enrollment at the nation's medical schools since 1975. Minority enrollment totaled less than three percent of all medical students in 1970, and reached a peak of 9.2 percent in 1974.

Lythcott warned that health care of the nation's minorities would suffer if cultural diversity was not included as a criterion for admission to medical school.

Unlike the national picture, he said the School of Medicine has been "a vanguard in the effort to increase minority enrollment." Minorities comprise 12 percent of the medical school enrollment. He noted the medical school admitted its first black student "nine years before the 1964 Civil Rights Act," and by 1971, had doubled the national average in minority enrollment.

Rep. L. Richardson Preyer, D-N.C., predicted increased government regulation in medicine, but a shift from the federal to state level, in part brought on by the growth in the government funding of medical programs.

He said medicine's future will probably include a mix of the private medical sector with government health care programs to meet the health needs of all Americans.

The Centennial weekend was coordinated with the annual alumni weekend of the medical school. A number of graduated classes held reunions during the weekend, including the class of 1954, the first four-year class to graduate.

Saturday's events began with grand rounds by clinical departments, succeeded by the University convocation held on campus.

Fordham speaks to visiting committee

Medical School Dean Christopher C. Fordham III brought alumni a clear message: "When you have a chance, assert the needs of this hospital."

It was a theme stated throughout Alumni/Centennial weekend by Fordham and other medical center officials about North Carolina Memorial Hospital, the school's major teaching hospital. Fordham told the visiting committee that the alumni could assist the hospital and the medical school by helping to educate the public and the legislature about the compelling needs of the medical center.

"Other commitments appear to have limited the understanding and emphasis of the needs of North Carolina Memorial Hospital, the only such hospital owned by the people of North Carolina," he said.

The hospital's most immediate needs include $29.1 million to complete the second phase of a support building and to construct the last of six centers in the state's rehabilitation center network, to finance a primary care center and to make renovations that will ensure hospital reaccreditation.

Dennis R. Barry, the hospital's general director, explained that the acute needs of the hospital have existed for several years. "The major portion of the facility is about 27 years old, and standards for such facilities have changed."

"In addition, there's not enough space in such areas as the clinics, the ICUs or critical areas like labor and delivery. Rapid growth in the number of patients served has created about a 33 percent space shortage," he said.

To compensate for a lack of space, he said the hospital has leased space for some of its departments in areas outside the hospital, an inefficient and expensive proposition.

Dr. William E. Easterling, vice dean and N.C. Memorial's chief of staff, reported "a continuing improvement in outpatient operations" following a survey three years ago when referring physicians asked for improved communications from medical center physicians.

Several faculty members and members of the visiting committee also reported at the January 8 visiting committee meeting:

- Chairman Glenn Wilson discussed issues facing his new department of community medicine and hospital administration. "We're growing in areas not before addressed in an organized fashion in American medical schools," he said. His department will look into such questions as the changing role of the physician in society, health needs of communities and physician supply.
- Samuel Hitt, director of the Health Sciences Library, reviewed plans to increase the facility's size and capacity. Associate Director Mary M. Horres said library services are available to physicians throughout the state, often through the Area Health Education Centers. A telephone reference service with access to more than 21 computer data bases and an intra-library loan program are available through the library's continuing education program.
- Dr. John McCain, '50, reported results of a survey he made of N.C. Memorial's ambulatory patient care facility and the emergency room. With 250,000 patient visits each year, the clinics have already outgrown their designed capacity. Patients from the state's 100 counties are treated at the facility, which includes more than 160 specialty clinics and professional services. About 25,000 visits are recorded annually in the emergency room, enough that walk-in clinics have been opened to lessen the load. The emergency total also includes about 400 patients a year brought in by helicopter, most of whom are trauma victims, neonates and cardiac patients.
- Dr. Palmer F. Shelburne, '55, visiting committee chairman, noted that the opening of the Faculty Laboratory and Office Building has helped accommodate a growing number of students in the basic sciences and has provided a facility that will strengthen research. Research into environmental health, for example, is impressive, he said, and is coordinated with efforts at Research Triangle Park. Growth has its price, however. Shelburne reported that Dr. G. Philip Manire, chairman of the department of bacteriology and immunology, said he'd like closer contact with his students.
- Reporting on his visit to the department of medicine, Dr. Henry L. Stephenson, '46, said that 800 physicians annually apply for 25 residency slots in the department. This makes UNC's medicine department one of the most competitive in the nation. Stephenson quoted chairman Dr. Robert L. Ney as saying research is becoming more clinically-oriented. He also noted the appointment of Dr. Robert L. Capizzi as chief of the oncology division as evidence of outstanding capability in the management of cancer.

The class of '54 comes home

As students, they never realized the integral part they played in the modern era of the School of Medicine. But coming back, some for the first time since they graduated 25 years ago, the class of '54 finally saw.

From a single hall, MacNider building, had grown a sprawling medical center, one that had mushroomed since this class, the first to benefit from a four-year program, began to make its mark on the state's health care.

Their return to the medical school wasn't just a reunion; it was a demonstration of what time and technology had produced, and they were its first products.

With about six times more students, 12 times more faculty and acres of buildings where a forest once stood, the '54 graduates who hadn't returned until now gained a new perspective on their school.

Remarked one alumnus, "My biggest impression has been the growth—and chaos."

Tall new buildings rise from small pieces of land. Memorable old structures change appearance as new wings are added. "Even the hospital isn't the same," said the amazed physician. "It's been turned around completely."

Such comments lack a nostalgic note, as graduates traditionally prefer the University atmosphere they knew as students. Memories are never what they seem.

"You can't appreciate what it's like emerging from a depression and a war," said Dr. Richard I. Walker, recounting his school days. Walker, a year ahead of the class, received his medical degree from Harvard University before returning to teach here. He and Dr. Joseph L. DeWalt, director of sports medicine for the University infirmary and a class member, remembered a less-than-romantic version of student life.

". . . Dr. C. D. Van Cleave, the Czar of anatomy, an excellent teacher . . .," few automobiles,

"Everybody walked up and down that hill . . .," TVs, 'Nobody had them. . ." What was a student to do? They replied in unison, "We studied."

Classes were held according to a grueling, 8 a.m. to 5 p.m. weekday schedule, a half-day on Saturdays. "I'd have dinner, then study until midnight, and take Saturday afternoons off," DeWalt recalled. He remembered wife Molly listening to the radio late at night.

Such a grind encouraged close relationships. Walker, then unmarried, remembered home-cooked meals with married friends. Smaller classes meant excellent, if rigorous, teaching. "Everyone knew each other. It was a great advantage," he said.

Sheer size has caused some of that to change, but there have been other factors. "The fabric of society has changed," Walker said. "The discipline is different."

DeWalt, examining the class photo with members dressed in white, said wistfully, "You couldn't get students to do that today."

Probably few present students know that some of their faculty, including DeWalt and Walker, worked on construction crews to help build North Carolina Memorial Hospital where they now train.

The physicians insisted that such summer jobs and traditional values made them an average class. DeWalt's high school class was the last drafted for World War II. Thus, '54 was a group of many older students, often veterans with families.

It was one that sported a fondness for nicknames, such as Tennessee pathologist Steve G. "Peanut" Wilson and the late H. B. "Teddy Bear" Sherrill. The class had one set of twins, Will and Bob Vinson, and two women graduates.

Predictably, not all went smoothly for the students, cutting some careers short. Sherrill died early from heart disease. Another died during his internship, a victim of a muscle disease.

One student never wanted to be a physician. Coerced by family, he tried several times to quit school, but encouraged by faculty, stayed on. Upon graduation, he left to become a farmer, and never practiced medicine.

Dr. Richard Walker, (right) officially receives Florida fruit brought by class member Dr. Robert Vinson (left).

The Class of '54, as pictured and identified 25 years ago: *First row,* **left to right: J. H. Rickenbacker, J. L. DeWalt, A. J. Diab, W. H. Weinel, B. M. Moore, S. A. Lippard, H. B. Sherrill, S. G. Wilson, L. K. Cowan, A. D. Walker;** *Second row:* **W. M. Vinson, H. C. Hemmings, C. B. Fulghum, J. C. Parke, W. C. Mahaffee, J. Robinson, P. H. Brigman, R. H. Vinson;** *Third row:* **R. P. Thomas, A. Spencer, C. L. Guy, H. D. Tyndall, N. H. Swann, E. S. Williams, V. A. Wilson, C. H. Owens;** *Fourth row:* **D. M. Anderson, L. C. Spillman, H. P. Lineberger, C. T. Partrick, R. S. Jones, J. F. Graves, C. L. Quinn;** *Fifth row:* **H. B. Hines, J. F. Saunders, C. G. Robertson, G. W. Brown, W. J. Grant, M. Fleishman, J. C. Ward, W. R. Berryhill (Dean), L. S. Averett,** *Top row:* **D. D. Conkwright G. D. Presley, R. L. Tomlinson.** *Not shown in picture:* **Patterson, T. H., E. J. Perry, H. G. Williamson, A. D. Wolff.**

Nor was the class without its share of success. Of the 55 class members, most completed their medical education here. Several became academic physicians, one, a medical school dean and univeristy provost. Thirty-five practice in North Carolina.

That fact was the hope of one man notably absent from the Feb. 9 reunion: Dr. W. Reece Berryhill. Berryhill, a North Carolina native, had agreed to become the school's dean at age 41 only after receiving a University commitment to help expand the school's program from two to four years. This class marked the achievement of that goal, and he watched the school continue to grow until his death New Year's Day, only weeks before the reunion.

Berryhill also missed another milestone celebrated that weekend in which he had played a major role: the medical school's 100th anniversary. But he was not forgotten.

"He was IT to us," one alumnus remembered.

"Students were in awe of him," Walker said. "He was a potent force in the life of the medical school."

No wonder. Berryhill not only remembered the names of his students, but of their parents, spouses and children. He was also aware of individual class performance.

Said Dr. Roger M. Winborne Jr. of Roanoke, Va., who was in training at the hospital in 1954, 'It almost seemed as if he was a one-man admissions committee." Until this class, students had transferred to other schools after their second year. A Harvard graduate, "Dr. Berryhill had his connections. He always got six-to-10 boys out of about 50 admitted there."

The reunion brought together the class that, in many ways, could never be average. Its members may have struggled through, but they displayed no regrets.

In a questionnaire sent to members came back recollections. W. Jack Grant of Winston-Salem remembered the closeness when he said he was "still building on the marriage which occurred three months after graduation." Barbara Moore Jordan, a Lumberton psychiatrist, said she enjoyed being a physician as she tried to keep up with her four children.

Many send their children to this University, including Edward S. Williams of Durham, who said he daughter Penny will enter medical school this fall.

Perhaps no one could have forseen such a meeting better than Berryhill, as dean and dean emeritus, who in 1973 saw a building named in his honor.

He had lived not for the reunion, but for a dream. His students are its memory.

Dr. Fredrickson

Speak out about science

Universities should speak out more in current debates on science, Dr. Donald S. Fredrickson, director of the National Institutes of Health, said Saturday, Feb. 10.

Fredrickson, the keynote speaker at the University convocation recognizing the 100th anniversary of the School of Medicine, said that more than any other social institution, the university is most capable of fostering ethical scientific advancement.

He said no other institution "compares with the latent power of the university to cultivate passion for truth, love of reason and high tolerance for dissent.

"These are the qualities essential for science and for the making of decisions about science in a democratic society."

He said fear for public safety and demands for equity in the use of public funds for scientific research have prompted a need for more technological training of laymen, and every person needs an understanding of science to make responsible decisions about the use of world technology.

Universities are best prepared to supply that understanding of all institutions, he said, and more education is the key.

"It is a wise recognition of the truth that science best serves as a base for healing when developed in the company of the arts and humanities.

Fredrickson likened the founding of the University to the lighting of a lamp "to guide the people of the farms and towns of North Carolina to a better life and a sense of lasting values."

The convocation, attended by more than 400 alumni, faculty and friends, capped two days of lectures and events held to mark the medical school's Centennial.

At the convocation, U.S. Rep. L. Richardson Preyer, D-N.C., was presented with an honorary doctor of laws degree.

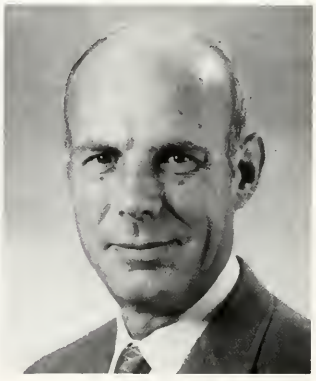
Fredrickson received an honorary doctor of science degree, as did Dr. Frederick C. Robbins, dean of the School of Medicine at Case Western Reserve University and Dr. Lewis Thomas, president and chief executive officer of the Memorial Sloan-Kettering Cancer Center.

Craige receives professor award from med alumni

Dr. Ernest Craige received the Distinguished Faculty Award during the annual alumni banquet, held in conjunction with the medical school's 100th anniversary.

Craig, Henry A. Foscue Distinguished Professor of cardiology, received his B.A. degree here and his M.D. degree from Harvard University. He joined the medical school staff in 1952. The author of more than 70 publications about cardiology, he is an internationally-known pioneer in echo-phonocardiography, a diagnostic procedure that enables physicians to more accurately determine the origins of heart sounds.

The Distinguished Faculty Award was established in 1978 by the Medical Alumni Association to recognize full-time faculty members for dedication to the medical profession, excellence in teaching, leadership and meritorious service to alumni.



Dr. Craige

MAA elects new officers

Dr. John A. Kirkland, '50, was named president of the Medical Alumni Association during the February meeting as the organization announced new officers and councillors for the coming year.

Dr. William B. Blythe, '51, was named president-elect; Dr. Shahane R. Taylor Jr., '59, was named vice president. Dr. W. Paul Biggers, '63, and Dr. H. Durwood Tyndall, '54, retain their respective offices of secretary and treasurer.

New councillors named to three-year terms are: Dr. Leonard S. Woodall, '56, district IV; Dr. G. Patrick Henderson, '64, district V; Dr. Alexander F. Goley, '56, district VI; Dr. James W. Hayes, '55, district VI; Dr. Marvin M. McCall III, '56, district VII; Dr. George W. Brown, '54, district X; Dr. Robert L. Murray, '56, at large; Dr. Samuel W. Smith Jr., '63, at large.

Four changes in the MAA constitution and bylaws were announced at the annual business meeting.

The nominating committee will submit one or more names for the Distinguished Faculty Award to the executive committee, where the final selection will be made.

The MAA president will consult with the dean of the medical school each year to appoint members to the advisory committee of the *Bulletin*.

Membership has been extended to include not only two-and four-year graduates of the school, but faculty, house officers of North Carolina Memorial Hospital and non-medical degree graduates, such as those receiving a master of science or doctoral degree in the basic science departments.

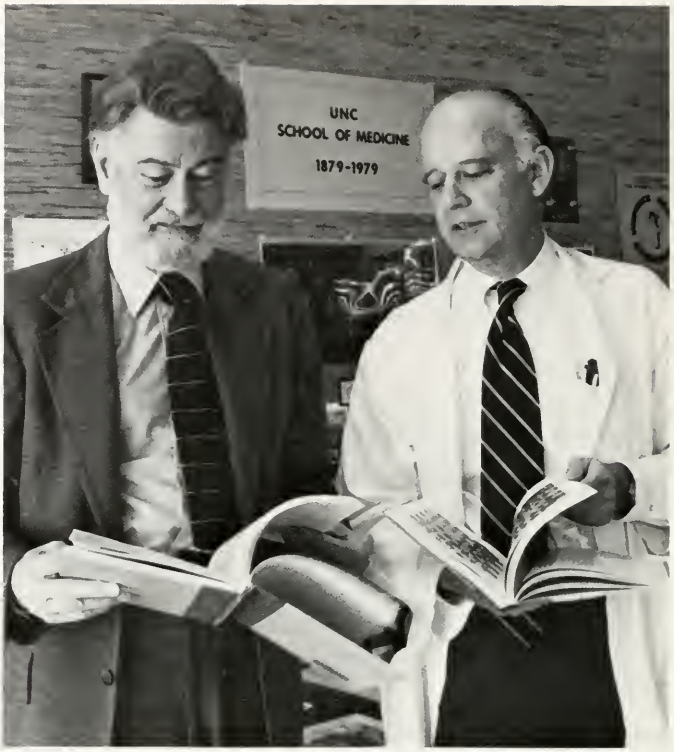
Those members who have reached their 40th anniversary of their graduation are members of the Manning-Berryhill Club.

Dr. Blythe

Dr. Kirkland

Dr. Taylor

Reviewing history: the first 100 years



Library Director Samuel Hitt and Professor of Medicine William B. Blythe review their editions of the Centennial publications, both available through the Medical Alumni Office.

To commemorate the first 100 years and to celebrate this Centennial, a two-volume publication, *Medical Education at Chapel Hill,* has been produced. These handsomely bound books with blue covers are carefully conceived and crafted, beautifully written and bear the Centennial seal on the cover.

The first volume, "The First Hundred Years," gives first-hand accounts of the history of the School of Medicine. The real genesis of the school occurred shortly after the University reopened after Reconstruction and the narrative begins with the tenure of Dr. Thomas W. Harris, dean from 1879-1885. Written by Drs. Isaac H. Manning, W. Reece Berryhill and William B. Blythe, the volume provides personal insights into the creation of this great institution of medical education and into the persons who made this dream of a leading medical school tangible.

Amply illustrated and replete with helpful appendices and tables, this volume is a fitting tribute to our proud heritage and the selfless progenitors of the school. As Dr. Christopher C. Fordham III, dean and vice chancellor for health affairs states in the Preface, " . . This historical account by Drs. Manning, Berryhill and Blythe will surely contain many clues about the evolution of a great medical center."

The second volume, "the Centennial Alumni Directory," was prepared by Betsy Parker and the late Dr. Oscar Sapp III and was compiled and edited by Raleigh Mann with the guidance of the Centennial Committee. The directory includes graduates of the Certificate in Medicine and M.D. programs, graduate programs in basic medical sciences, house staff programs and allied health programs.

Pictures of each medical school graduating class are included as are alphabetical listings of all graduates with addresses, specialties and years of graduation. There are also chronological lists of the entire membership of each graduating class from 1879 to the present.

I invite you to enjoy a personal exploration of our history and to rediscover your place in this saga of medical education at this Univeristy.

How much you remember about your alma mater may be evident from the following brief quiz:

1. Look up the picture of your class—you pass if you can identify 60 percent of the members. You flunk if you can't identify your own. Check the roster of your class to help you name the remaining few.

2. Look at the class pictures on either side of your own. You pass if you remember 10 percent.

3. How many faculty members can you identify in the "First Hundred Years":

a. pg. 47—Medical School Faculty 1940.

b. pg. 94—Medical School Faculty 1953.

Medical Education at Chapel Hill was prepared under the able direction of the Centennial Committee, Dr. William McLendon, chairman, and will be a treasured and enjoyable resource for each alumnus of the University of North Carolina at Chapel Hill School of Medicine. These fine volumes provide challenge for continuing excellence in the second hundred years.

—John McCain, '50

Dr. Berryhill

Dr. Manning

Manning-Berryhill Club

Graduates from the School of Medicine and former house officers of North Carolina Memorial Hospital who left the medical center 40 or more years ago are members of the Manning-Berryhill Club of the Medical Alumni Association. Beginning with this issue, these alumni will be included in a Manning-Berryhill Club portion of the class notes section.

The club meets annually during the meeting of the Medical Alumni Association and its members represent the school's oldest alumni. The club received its name from two late deans of the medical school: Dr. Issac H. Manning, who served as dean from 1905 until 1933, and Dr. W. Reece Berryhill, dean from 1941 until 1964. Manning is remembered for leading the two-year school into national prominence while Berryhill is noted as the most instrumental person in the school's expansion from a two-year to a four-year institution.

Clement R. Monroe, '21, of Pinehurst, retired from surgery in August, 1974.

William S. Justice, '24, of Asheville, says he retired in 1977 and at age 78, spends his time photographing wildlife. The U.N.C. Press has used 600 of his transparancies in a companion book to *Wildflowers of North Carolina*. He also has a 16 mm movie of 135 species of Southeastern birds.

E. Milton Fetter, '26, reminisced recently about the medical school and his former teachers after receiving his Centennial issue. Fetter entered the University in 1920 and was a medical student for two years before transferring to Jefferson Medical College. The Greensboro native says he "fell by the wayside" and became a Californian where he practiced internal medicine for 40 years before retiring a few years ago. But he insists he's "still a Tar Heel" and enjoys hearing about Chapel Hill.

Howard A. Patterson, '23, retired from surgery on his 65th birthday, but continues to serve on the Board of Regents of the American College of Surgeons as a past president.

Max M. Novich, '39, coordinated a wrestling symposium held March 18 at United Hospitals Medical Center in Newark, N.J. Novich also coordinated the "Distinguished Lecturer Series on Sports Medicine" to cover the methods of proper preconditioning for athletes. The programs were aimed at coaches, trainers, and team physicians.

Walter R. Graham, '38, retired from ophthalmology practice in December, 1978.

Warren D. Carter, '34, says he retired last March and moved to San Jose, Calif.

Roscoe B. G. Cowper, '30, gave the Cowper Clinic and Hospital to the Episcopal Church and now rents it from them. Cowper has four children and six grandchildren. One son works in Africa for Governor Bill Clements' Southeast Drilling Company. Cowper has built a new house and works with two associates.

Fletcher D. Sain, '32, retired from surgery more than three years ago. He and his wife, Ertie, moved to Rocky Mount to help establish a department of emergency medicine at Nash General Hospital. Sain has three daughters.

Edward W. Phifer, '35, of Morganton, closed his medical office in January to study and write local history.

Louis Appel, '31, is honorary pediatrician at Booth Memorial Hospital and emeritus pediatrician at Flushing Hospital in New York.

Robert N. Wilson Jr., '36, practices ob-gyn at Lankenau Hospital and Bryn Mawr Hospital in Pennsylvania. He has two new grandchildren, Georgina Ruth Newmark and Robert Warden Wilson.

Chalmers R. Carr, '33, retired as president of Miller Clinic, Inc. of Charlotte. He has three children and six grandchildren.

H. Mack Pickard, '35, retired from practice in October, 1978.

Glen S. Dickson, '33, of Philadelphia, is a semi-retired gynecologist.

Seny B. Lake, '34, works part time with the New Hampshire Dept. of Public Health. His son, Robert M. Lake Jr. is a second-year medical student at the University of Cincinnati. Lake has five children and six grandchildren.

Class notes

40's

John R. Pender III, '45, HS '52-'55, who practices surgery in Charlotte, has a family of Carolina alumni. Oldest daughter, Mary Dorsett, graduated from nursing school in May and works at North Carolina Memorial Hospital. Daughter Rogers Gibbon graduated in 1978 and works in a doctor's office in Charlotte while daughter Anne Lillian is a sophomore. Son John, 8, is in the second grade.

G. Robert Clutts, '45, practices surgery in Greensboro. He has three children, Kay, who is married; Bobby, who attends North Carolina State University and Perry, a student at UNC-Asheville.

Ben M. Gold, '45, of Rocky Mount, says his oldest son is studying to be an engineer at North Carolina State University. His youngest son is in the eighth grade. Gold celebrated his 25th wedding anniversary in March.

Robert E. Sumner, '42, practices internal medicine in Rock Hill, S.C. with three other physicians. He is the father of three married children and has three grandchildren. Sumner says he gave up golf because of leg problems, but keeps busy making jewelry and doing woodwork.

Ferdinand F. Szabo, '45, of Berwick, Pa., says his son Robert graduated from Wake Forest and the Univeristy of Pennsylvania Medical School and is completing an ob-gyn residency in Allentown. Daughter Janet is a thrid-year medical student at Chapel Hill and Lydia is in her first year of law school in Ohio.

After 30 years on the faculty of the medical school's pathology department, **Margaret C. Swanton, '44,** says she has started a "mini career" as the first pathologist at the 140-bed Sampson County Memorial Hospital in Clinton. "It's busy and stimulating as I become a broad-based pathologist instead of the specialist needed in the University setting," she writes. Her new job includes occasionally teaching nurses, medical technologists, and continuing education courses for physicians.

Charles A. S. Phillips, '44, is in his 25th year of practice at the Pinehurst Surgical Clinic. He and his wife, Olivia, have nine children and 10 grandchildren. Phillips plays golf once or twice a week.

Mary L. Rutledge McGregor, '45, of Charlotte, retired in May, 1976, after 25 yeras in pediatrics. McGregor says she "has found a whole new life," with volunteer work, the arts and "trying to keep up with teen carpools."

Matthew A. Stroup Jr., '41, of Gastonia, is cutting down on his practice and traveling to Europe two or three times a year to study health programs and problems.

Junius W. Davis Jr., '44, is clinical assistant professor of pediatrics at the East Carolina University School of Medicine.

Class notes

50's

G. Reginald Tucker Jr., '55, of Henderson, says he has enjoyed serving on the Centennial Committee. He says he also enjoyed his association with classmate Thad Monroe on the State Medical Society Task Force evaluating regional psychiatric hospitals. Tucker continues to practice in the Henderson Family Medicine Clinic with his brother, M. W. Wester, **Bev Tucker, '66,** and **Roddy Drake, '72.** They also have UNC-CH medical students for month-long preceptorships most of the time. Tucker's son George graduated from N.C. State University and works with Pet Milk Corp. Daughter Lib is undecided about what college to attend, he says, but is leaning towards Carolina.

James B. Raymer, '51, practices surgery in Charlotte. He has two sons and one grandson.

Rebecca Hatcher Buckley, '58, is professor of pediatrics and associate professor of immunology at Duke Univeriaty School of Medicine. She was recently installed as president of the Southeastern Allergy Association.

Gerald J. E. Ansell, HS '59, is clinical coordinator for obsterics and gynecology at Clinical Campus University Center at Binghamton/Upstate Medical Center in New York.

Harvey A. Page, '57, practices in Pikeville, Ky. and has two married children, Deborah and John, and a new granddaughter.

Steven M. White, HS '59, is chief of the division of ophthalmology at the East Carolina University School of Medicine.

L. Stewart Massad, HS '58, practices ob/gyn in Syracuse, N.Y. Massad has four children, one in college, two in high school and one in junior high school.

James W. Fresh, '57, is in general practice in Oriental, N.C. He has two children, a son, 20, and a daughter, 17.

David L. Collins, '54, practices surgery in Concord-Kannapolis. He has five children and one high school exchange student from Rhodesia.

Robert W. Whitener, HS '58, serves on the Governor's Task Force on Mental Health.

60's

Wayne B. Venters, '64, says Paul S. Muenzner is now associated with him in Jacksonville. Venters serves as chairman of the infection control committee for Onslow Memorial Hospital and says, "I find that our infection rate within the operating room is extremely low and that our nosicomial infection rate is also lower than the general hospital."

L. C. Sappenfield Jr., HS '64, is president of the Cumberland County Medical Society.

Roy A. Weaver, '63, HS '68 says he has been director of laboratories for Cape Fear Valley and Highsmith Rainey Hospital in Fayetteville since 1975. He practices pathology with four associates. Weaver has two sons and one daughter, and writes that "Fayetteville has a rapidly growing medical community, with numerous new physicians and an enlarging Area Health Education Center, plus a vocational rehabilitation center and mental health center."

James H. Spruill Jr., '67, practices neurology in Jackson, Tenn. Spruill has two daughters, Beth and Kathy.

Richard M. Lyons, HS '67, is a board certified otolaryngologist in Everett, Wash. and a member of the American Academy of Otolaryngology and the American College of Surgeons. Lyons says if anyone is interested in spending time outdoors, they should let him know.

Jerold E. Lancourt, '68, is in his second year as a member of the Pacific Orthopedic Group in San Francisco, Calif. Lancourt spent three years practicing general surgery, but after a two-year stint in the Army went back for an orthopedic residency. He completed a fellowship in spine surgery before going to San Francisco.

James L. Parker, '63, practices pathology in the Hickory area where **C. Tom McLees, '64,** joined him last year.

Charles O. Boyette, '61, was recently named "North Carolina Family Physician of the Year" by the N.C. Academy of Family Practioners.

Charles A. Wilkinson, HS '60-'64, is chairman of surgery at New Hanover Memorial Hospital and clinical assistant professor of surgery.

Robert B. Ragland, HS '61, of Jacksonville, Fla., helped incorporate the Jacksonville Clergy Consultation Service which operates a free-standing facility for abortions and related services. Ragland is vice-president of the Board of Directors.

M. Wayne Flye, '67, is senior investigator and thoracic surgeon for the Surgery Branch of the National Institutes of Health in Bethesda, Md.

James H. Blair, '61, practices ob-gyn in Columbia, S.C.

Carroll L. Mann, '63, of Garner, is past president of the N.C. Wildlife Federation and the Safari Club International. Mann was awarded the Conservationist of the Year Award by Governor James B. Hunt in October, 1978.

W. Ferrell Shuford Jr., '61, of Wilmington, announced that he has "qualified for the Boston Marathon."

Elizabeth Spivery Hoyt, '66, resigned from Dorothea Dix Hospital after 10 years of general medical practice. Husband Allen is a technical editor with the Environmental Protection Agency at the Research Triangle.

C. Ellis Fisher, '69, practices pediatrics in a five-man group in Gastonia. He recently completed the Charlotte Observer Marathon.

Larry Mumford, '67, completed a neonatal-perinatal medicine fellowship at Duke last year and practices with the Children's Clinic Group in Durham.

Stanleigh E. Jenkins Jr., '66, passed the board examinations of the American Academy of Family Practice in 1978.

Charles L. Clarke Jr., '67, is chief of staff of Las Vegas Hospital. **Weldon Dunlap, '67,** is vice chief of staff and **Maggie Harper, '74** is secretary. Clarke and his family enjoy skiing and their frequent trips to New Mexico.

W. Kirby Kilpatrick, '64, practices ob-gyn with the Pinehurst Surgical Clinic and is president of Moore County Medical Society. He has three children, Jeff, 11; John, 8; and Joe, 5.

R. Spencer Eaves III, '60, practices ophthalmology in Gastonia. He has a daughter, 12, and a son, 5.

Camilla A. Proctor, '68, practices internal medicine in Rocky Mount. She has one son, Thomas Edward Schill, born Jan. 8, 1978.

Robert J. Reichler, HS '61, is professor and head of child psychiatry at a nearby university in Seattle, Wash., and director of the department of behavioral sciences at Children's Orthopedic Hospital.

Elliott Solomon, '60, was elected president of the medical staff of White Plains Hospital Medical Center where he is chief of the otolaryngology section, department of surgery, and vice-chairman of the medical board. Solomon also chairs the otolaryngology section, Westchester County Medical Society, is a diplomate of the American Board of Otolaryngology, a fellow of the Academy of Ophthalmology and Otolaryngology and a fellow and past president of the Westchester County Chapter of the American College of Surgeons. His appointment in White Plains will include consulting for the New York School for the Deaf and the Hearing and Speech Program at Burke Rehabilitation Institute. He is a member of the medical staff of St. Agnes Hospital. Solomon is married and has three children.

R. Daley Goff Jr., '63, practices cardiac surgery in St. Petersburg, Fla.

Charles K. Scott, '66, practices pediatrics with **Robert Little, '72.** Scott is secretary of the N.C. Pediatric Society. His wife, Sandy, opened "The Inkwell," a stationery boutique in Burlington.

Gerald W. Fernald, '60, is associate professor and vice-chairman of pediatrics at the School of Medicine. His areas of interest are pediatric infectious diseases, immunology and pediatric pulmonary diseases. Fernald is director of Cystic Fibrosis Clinic at N.C. Memorial Hospital. He spends his leisure time showing Arabian horses and sings in a barbership quartet and chorus.

Donald D. McNeill, '65, practices pathology in Morganton and Lenoir, and serves on local and state medical society committees. McNeill has two children, Susan, 10, and Charles, 8. Wife Ann is a physical therapist.

Kenneth S. Graff, HS '68, practices medicine in Melbourne, Fla. along with **G. David Gardner, HS '67, H. Phillips Stall Jr., HS '68,** and **Timothy C. Poirier, HS '68.**

Carl T. Whiteside, '69, practices psychiatry in Greensboro. He is on staff at Moses Cone Hospital and Wesley Long Hospital and works two days a week at the Guilford County Mental Health Center. Whiteside says he enjoys gardening, hunting, fishing and running. He plans to start a running group in the spring for patients with depression in conjunction with group therapy.

Giles C. Floyd, '62, completed his orthopedic residency at N.C. Baptist Hospital and The A. I. duPond Institute in Delaware. After two years in the Air Force as the football team physician, and athletic physician for the U.S.A.F. Academy in Colorado, he moved to the San Francisco Bay area where he is a partner with the Permanente Medical Group in Walnut Creek. Floyd works with several high school teams and the University of California at Berkeley, and says he enjoys skiing, sailing and hiking.

Dave M. Davis, '63, was one of the first group of 28 to pass the board in Forensic Psychiatry in January. Davis conducts research in adolescent psychiatry at Peachtree-Parkwood Mental Health Center and hospitals in Atlanta and is an examiner for the boards in administrative psychiatry. He enjoys skiing and scuba diving.

Henry C. Turner, '62, an anesthesiologist at Baptist Hospital in Winston-Salem, says he's spending his spare time on a farm at East Bend in Yadkin County.

B. R. Jack, '65, will retire from the Air Force in August. He will take a fellowship at Texas Heart Institute in Houston, then begin practicing cardiovascular surgery in Fort Worth, Texas. Jack's son, Michael, will graduate from Carolina this Spring. Daughter Julie is married and attends the University of Texas at Arlington. Phyllis is working as an education consultant at the Texas Department of Welfare Human Resources.

James W. Rose, '64, says he was elected to the board of directors of Dean Clinic, a multispecialty group, and is chief of medicine at St. Mary's Hospital Medical Center, as affiliate of the University of Wisconsin.

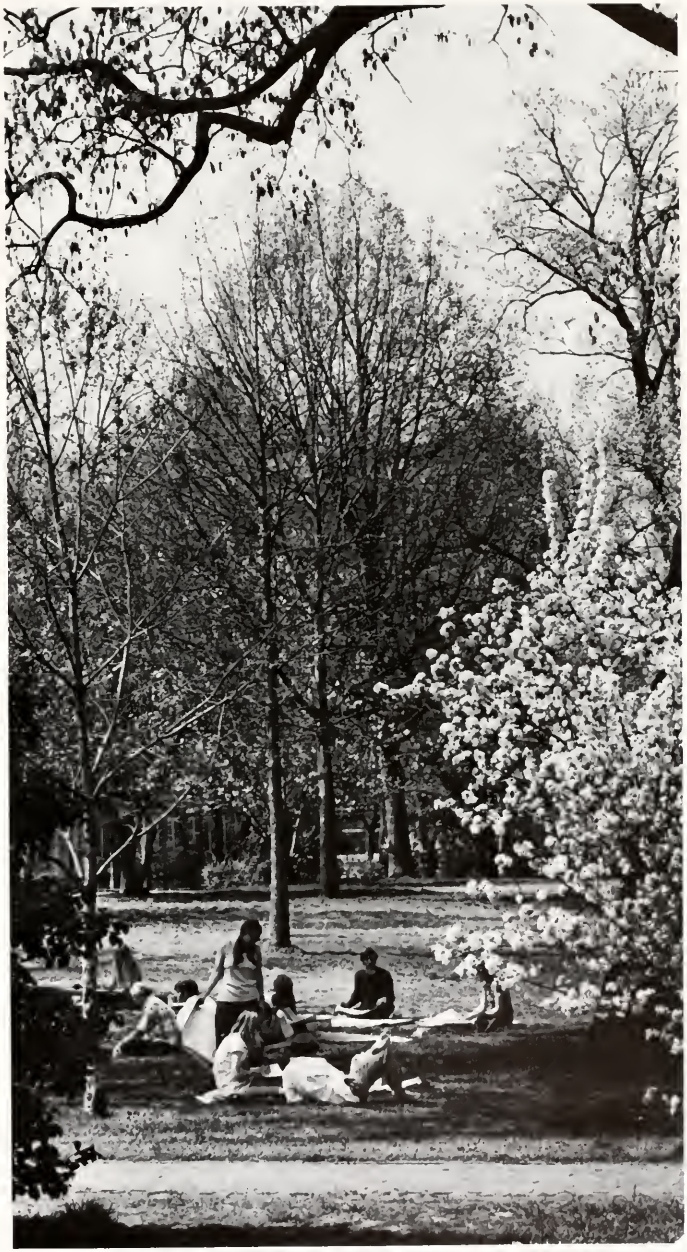
70's

George Oliver Jr., '70, practices ob-gyn in Morehead City. Wife Charlotte works in his office and teaches Lamaze childbirth classes. They have four children, Elizabeth, 6; George, 4; John, 2 and Amy, 3 months.

Thomas E. Lauer, '78, practices psychiatry in Winston-Salem.

Richard J. McDonough, HS '78, practices family medicine in Barrington, Ill. His second child, Katie Elizabeth, was born in Jan., 1977.

James M. Davis III, '74, will complete a two-year neuroradiology fellowship in June, and will join the staffs of Massachusetts General and Massachusetts Eye and Ear Infirmary.



Class notes

The Dermatology Foundation's 1978 Clark W. Finnerud Award for contributions as a teacher-clinician in dermatology was awarded posthumously to **Joseph M. Hitch, M.D.** He was a member of the dermatology faculty at the School of Medicine at Chapel Hill for 23 years. He had a private practice in Raleigh.

Janet C. Aiken, '76, and her husband Warwick are completing their third year of residency in internal medicine at the University of South Florida at Tampa. They plan to move back to North Carolina in August when they will join Dr. James Neal in Gastonia.

James J. Murphy, HS '71, is chief of radiology at the Asheville N.C. Veteran's Hospital. Murphy and his wife, Peg, say former radiology residents and staff should contact them when they are "out in the mountains."

Larry D. Eggert, '77, will begin a two-year neonatology fellowship at the University of Utah in July. Eggert married Joan Vann in March.

Paul C. Dell, HS '72, is chief of hand surgery, department of orthopedics, at the University of Florida.

C. Stewart Rogers, '73, practices general medicine with the National Health Service Corp. He will move to Greensboro in July to teach at Moses Cone Hospital with the Internal Medicine Teaching Service. Rogers and his wife, Betti, have three children, Mac, 4; Sarah, 2 and Joshua, 8 mos.

Michael A. Karr, '77, is a first-year orthopedic resident at the Naval Regional Medical Center in Portsmouth, Va. Karr and his wife have a daughter, Kathleen Jo Karr, born Dec. 1, 1978.

Thomas G. Irons, '72, joined the pediatrics group of Hubbard, Brown and Bernstein in Raleigh.

Robert B. Jones, '70, completed a fellowship in infectious diseases at the University of Washington and is an assistant professor of medicine and microbiology/immunology at the University of Indiana Medical Center in Indianapolis.

Morton A. Meltzer, HS '70, is a consultant for the Wake County Mental Health system. He works in the emergency room of the Cape Fear Valley Hospital and recently opened a private practice in Cary.

Charles J. Parker, '75, is in his first year of a hematology fellowship at Duke University.

H. Clifton Patterson III, '74, will begin his final year of ENT residency at Massachusetts Eye & Ear Infirmary July in Boston.

Clell V. Morris, HS '72, will enter neurology private practice July in Athens, Ga.

Jean C. Bolan, '76, has one more year to go in ob-gyn at Georgetown University.

James J. Bedrick, '78, is a first-year ophthalmology resident at the Hospital of the University of Pennsylvania.

Robert R. Walther, '73, is assistant professor of dermatology and director of the dermatology clinic at Columbia-Presbyterian Medical Center in New York City. His first son, Robert John, was born September 6, 1978.

Howard S. Kroop, '72, of Woodbury, N.J., had a son, Seth Riden Kroop, Feb. 5.

G. Alan Stoudemire, '77, is a first-year psychiatry resident at the University of Colorado Medical Center. He says he is doing well after surgery and chemotherapy for a fibrosarcoma of the right leg, discovered a year ago.

Steven H. Kaufman, '73, practices internal and pulmonary medicine with **Donald A. Pocock, HS '73,** in Massillon, Ohio.

William E. Perry, '78, is a first-year family practice resident in Scottsdale, Ariz. He was elected next year's president of the hospital's resident's association.

Marcia Freed, HS '73, of Portland, Ore. practices adult and child psychiatry and is a staff psychiatrist at the children's neuropsychiatric inpatient unit at Good Samaritan Hospital. Her husband, **Martin Schwartz, HS '73,** practices ob-gyn at Kaiser Permanente.

Gary H. Greenspan, '76, is completing an internal medicine residency at the University of Florida, and will begin a pulmonary fellowship there in July.

A. Stevens Rubin Jr., '70, completed his second year and chief residency at Kaiser Hospital, Panorama City, Calif. in 1977 where he is now on staff. Rubin has two daughters, 3 and 4 years old.

Bernard M. Branson, HS '78, worked at a Bureau of Community Health Services project in Baltimore and is an attending physician at Johns Hopkins Hospital in pediatrics. Branson's tour with the U.S. Public Health Service lasts until June, 1980.

R. Henry Temple Jr., '76, is a third-year ob-gyn resident at the Bowman Gray School of Medicine. He and his wife, Peggy, had their second son, R. Henry Temple III, on September 13, 1978.

Patrick B. Mullen, '74, moved to Greenville, S.C. in July, 1978. He will be working in a mental health center after a brief stint in group practice. Mullen and his wife had a baby girl in October, 1977.

Ernest F. Krug III, '75, is chief of the pediatric service at the U.S. Army Hospital in Ft. Polk, La. He and his wife, Sarah, adopted a second daughter, Margaret, 8 mos.

John V. Allcott III, '71, practices general internal medicine in Veneta, Ore., and directs the medical program in the county jail. Allcott married Beth Hunt in September, 1978.

W. Randolph Grigg, '71, practices general psychiatry in Chapel Hill. He and his wife, Carol, have a baby girl, born Thanksgiving Day.

Michael R. Knowles, '71, is a pulmonary fellow at N.C. Memorial Hospital. He has two children, Joshua and Rachel. His wife, Marilyn, is pursuing epidemiologic research at the School of Public Health.

Richard D. Serano, HS '77, of Durham, presented "Tumorigenic Cell Lines From a Spontaneous Murine Astrocytoma" to the 8th International Congress of Neuropathology in Washington, D.C., Sept. 23.

James O. Goodwin, '70, practices ob-gyn in Henderson.

William D. Lee Jr., '74, practices family practice in Eden, N.C. with **E. Brooks Wilkins, '75,** and **Lloyd Comstock,** a former Carolina student. Lee is on the board of directors and medical consultant to the Heart Fund. He is married to Colleen Hamilton Lee, a pediatric nurse practitioner. They have two children.

William F. Cox Jr., '74, is director of chemistry and a surgical pathologist at Lutheran Hospital and Medical Center in Denver.

Joseph R. Haskett Jr., '76, will complete an internal medicine residency at Fitzsimons Army Medical Center, Denver, in June. He will practice internal medicine at Ft. Eustis in Newport News, Va.

David A. Rockwell, '74, plans to move to Goldsboro in July to practice orthopedic surgery. Rockwell, his wife Gail and son "Rocky" say they are excited about the move and looking forward to being closer to Chapel Hill.

Richard C. Taft, '72, is clinical assistant professor at the East Carolina University School of Medicine and practices ob-gyn in Greenville. He has three daughters.

Michael L. Barringer, '77, is completing a general surgery residency at N.C. Baptist Hospital in Winston-Salem. He has two children.

James N. Martin Jr., '73, will leave Dallas in early July to become director of the ob-gyn division of maternal-fetal medicine at the University of Michigan in Ann Arbor. Martin has two children.

Grady M. Stone, '76, is completing an internal medicine residency in Birmingham, Ala., and plans to move to High Point in July to work with High Point Internal Medicine Associates.

T. Reed Underhill, '70, says he and his wife Alice moved to New Bern six months ago and "are very pleased to have come home."

James S. Coxe III, '71, practices endocrinology and internal medicine in Raleigh.

Elliot M. Puritz, HS '72, practices dermatology in Long Island, N.Y. He was recently appointed president of the medical staff at one of the local hospitals and teaches at the State University, at Stony Brook and at Suffolk County Hospital in programs for physician's assistants and several nurses groups. In his spare time, Puritz coaches a Lacrosse team for 12-year olds and someday hopes to see his son, Adam, play for North Carolina.

Robert S. Shapiro, '76, is a child psychiatry fellow at N.C. Memorial Hospital. He and his wife, Teresa, were married in 1978.

D. Bryan Young, '74, is chief surgery resident at the University of Alabama in Birmin-

gham. He and his wife, Jane Sperling, plan to move back to Chapel Hill in July, where Young will begin a two-year fellowship in cardiothoracic surgery.

Thomas H. Dukes III, '74, is a neurologist with Neurology Associates in Charleston. He and his wife, Brenda, have two children, Laura, 7 and Tom IV, 3.

C. Norman Hurwitz, '74, last year passed his anatomic and clinical pathology board examinations in Miami, Fla. Wife Jolynn is working towards a master's degree in medical-surgical nursing at the University of Cincinnati School of Nursing.

Carol B. Teutsch, '75, practices endocrinology and internal medicine in Atlanta. She has a one-year old son. Her husband is with the Center for Disease Control.

James W. Thompson, HS '76, is assistant professor of psychiatry and director of residency training at the University of Texas Medical Branch in Galveston.

David E. Tart, '74, completed his residency at N.C. Memorial Hospital in June, 1978, and practices dermatology in Hickory. He and his wife Patsy have a 3-year-old daughter. He says they enjoy skiing and are looking forward to a season of sailing on Lake Norman.

Gregory H. Tuttle, '78, says he is enjoying his first year as a family practice resident at Richland Memorial Hospital in Columbia, S.C. Tuttle passed the FLEX exam last year, and is awaiting permanent licensure in North and South Carolina this June. He bought a condominium in Columbia, but plans to return to North Carolina and enter private practice in 1981.

Rubin F. Maness, '76, will move to Goldsboro in July to practice pediatrics with **Dave Tayloe Jr., '74.** He and his wife Joy had their first child, Erin Elizabeth, last March.

Perry M. Harmon, '75, will complete a four-year, ob-gyn residency at Medical University of South Carolina hospital in Charleston in July before serving a two-year commitment in the Air Force in Michigan. Harmon says he and his family plan to return to North Carolina after the service.

F. Ray Thigpen, '76, is completing his third year of Family Practice Residency at University of Kentucky Medical Center in Lexington. Thigpen and his wife, Deborah, have one son, Johnathan, and are expecting a second child in June.

Kenneth R. Kulp, '74, completed a two-year surgery residency at Hershey Medical Center in Hershey, Pa. and is a senior dermatology resident at the University of Tennessee Center for Health Sciences in Memphis. Kulp plans to open a dermatology practice in Winston-Salem in July. He has one daughter, Wendy, age 3.

F. Alan Thompson, '75, is a fellow in gastroenterology at the University of Mississippi in Jackson. He completed his internship and residency at Jacksonville Hospitals Educational Program in Jacksonville, Fla. Thompson and his wife, Carol, have two sons, Andy, 3, and Kristofer, 8 weeks.

Deaths

Verne H. Blackwelder, '27, Lenoir
Samuel O. Cornwell, '45, Valdese
Harry B. Ditmore, '23, Marshall
Catherine C. Gray, '23, Bridgeville, Del.
Allan W. Gray, '68, Lumberton
Fred W. Glover Jr., '55, Charlotte
Hugh A. McAllister, '35, Myrtle Beach, S.C.
John M. Parker, '22, Rochester, N.Y.
W. Raney Stanford, '17, Durham

Joseph H. Korn, HS '75, is assistant professor of rheumatology and immunology at the University of Connecticut Health Center and a Veterans Administration clinical investigator.

Dennis E. Mayour, '78, is a neonatology fellow at the University of Washington department of pediatrics where he conducts research on inhalation in fetal and newborn animals and its possible relationships to SIDS. He participates in the development of a primate model of hyaline membrane disease. In his spare time, he says he enjoys cross-country skiing and backpacking in the Cascade Mountains.

John C. Rogers, HS '78, teaches and works part time in the Providence Medical Center Family Practice Residency program in Seattle where he is helping to develop a research program and behavioral science curriculum. Rogers teaches interviewing skills to first-year medical students in an "Introduction to Clinical Medicine" course and visits senior students in family practice preceptorship sites in Alaska.

Joseph R. Pringle, '75, instructs residents and medical students in the pediatric clinic at Medical University and practices pediatrics at the Naval Regional Medical Center in Charleston, S.C., where **Van J. Stitt Jr., '75,** practices family practice. E. **Jackson Allison Jr., '75,** is emergency room director of County Hospital.

Jay E. Blum, HS '77, is completing a pulmonary fellowship at Massachusetts General Hospital.

Rafael Francisco Coutin, '77, is completing his second year of postgraduate training in internal medicine at the University of Texas Medical Branch in Galveston.

Venita N. Thweatt, '73, is pediatric consultant and director of the Bureau of School Health, Baltimore City Health Department. She was recently named to the editorial board of the *Journal of School Health*. The journal is a monthly magazine published by the American School Health Association for health professionals, principals, teachers, health educators and the medical community. Thweatt will review articles related to the health of school-aged children being considered for publication.

Comments

From the Office of Continuing Medical Education and Alumni Affairs

Our 100th birthday was honored in a most exciting series of events. Symposiums held Friday, February 9, presented an introspective look at several past and present aspects of medical education and stimulating challenges for the future. This was followed on Saturday by a most colorful Convocation with an impressive processional of faculty in full academic regalia. The University presented four honorary degrees, and Dr. Donald Fredrickson, director of the National Institutes of Health, delivered an outstanding scholarly address.

These activities were in addition to the Annual Business Luncheon and the Annual Alumni Banquet with more than 400 attending. It was a happy and wonderful occastion with an opportunity to be with friends and fellow alumni.

With the Annual Meeting, the presidential gavel changed hands from Jim Thorp to Jack Kirkland. We welcome Jack and anticipate a year of vigorous activity under his guidance. On behalf of the School of Medicine, Dean Fordham and the Medical Alumni Association, I would like to extend a sincere expression of appreciation to Jim Thorp for his excellent leadership during the past year. Jim worked hard and willingly, making almost weekly trips to Chapel Hill or other parts of the state on behalf of the School and the Association. We have been fortunate to have consistently active presidents but none more devoted than Jim.

The Visiting Committee, chaired by Palmer Shelburne of Greensboro, was very active this year. Excerpts of their reports appear inside.

Our update of alumni addresses and information in the computer listing continues and is very dependent upon current information supplied by alumni. Please let us know of any changes which we should make. We plan to update the questionnaire in the near future. Our temporary move to 318 MacNider is completed but we are still "sorting out." Although we are in cramped space, we always welcome a visit when our alumni are in Chapel Hill. We can offer a cup of coffee and assistance while you are here.

The Office of Continuing Medical Education is conducting a statewide survey to determine physicians' preferences for educational program format, location and timing. This survey will help to better meet the needs and preferences of participants. Many of you have responded; we hope all will.

Continuing Medical Education is a controversial topic; however, this controversy chiefly centers around the "mandatory" aspects. As CME has moved from a voluntary to a mandated activity in more than 40 states, the District of Columbia and Puerto Rico, with either a legislative relicensure or medical society membership requirements, there has been a strong undercurrent of negativism among physicians. In this atmosphere it is extremely important that we maintain our primary commitment to conscientious and competent patient care. There is no clear data to assure that mandatory CME—50 hours or 500 hours—will either improve competence or assure quality patient care. On the other hand, there is no question that medical science advances rapidly, making the task of contemporary medical care a careful balance between utilization of significant scientific advances and protection of the patient from excessive dangers of both unsafe procedures and pharmaceuticals while simultaneously preventing undue costs.

There are many ways to maintain this level of competence so long as the proper attitude toward concern for the patient is placed at the forefront. The role of the medical school should be to make this continuation of lifelong education as available as possible at reasonable costs and convenience and to assure the quality is of academic merit.

The medical schools must accept their responsibility and must be able to depend on the practicing physician to give direction in the development of programs having pertinence to our high calling.

The School of Medicine, with the cooperation and support of our states' dedicated physicians, pledges to uphold its responsibility to our "lifetime" students whether they are alumni or our many other friends who look to this faculty for guidance in their efforts to give the best of modern medical care.

—William B. Wood, M.D.

Calendar

May

18-19	Fifth Annual Perinatology Postgraduate Course

June

7-8	Interactional Skills in Medical Practice, Carolina Inn
9	Update in Ophthalmology, Berryhill Hall
16-17	"Practical Dermatology for the Non-Dermatologist," Islander Motel, Emerald Isle, N.C.

July

14-15	"Practical Dermatology for the Non-Dermatologist," Boone, N.C.
Dates and location to be announced	Division for Disorders of Development and Learning Workshop, "Interpretive Conference Workshop"

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A close-up journey into human space

On the cover

With a cell sample prepared using the freeze-fracture technique, a transmission electron microscope can record an image such as this inner mitochondrial membrane, shown here magnified about 156,000X. Particles shown within the membrane are proteins. More about electron microscopes and the Laboratories for Cell Biology begins on pg. 2.

Medical Alumni Bulletin

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Behind the lines

The School of Medicine . . . is a remarkable institution. It is sometimes difficult to know what makes an institution special and gives it character, quality, a personality all its own . . . .

Dr. Christopher C. Fordham III
Vice Chancellor for Health Affairs

Dr. Fordham's remarks, which prefaced the recently published history of the medical school, are also appropriate to describe its continuing development.

One marker of change is the appointment of Dr. Stuart Bondurant as dean. Another is the school's growth, and increase in the number of alumni each year.

Changes are reflected in the *Bulletin*, in its effort to communicate to alumni about the medical center. Beginning with this issue, we have expanded our circulation to include distribution to the basic science graduates. An important portion of the school's alumni, they have been considered in planning for this and future issues. As a beginning, we have a story about electron microscopes and their use in the cell biology laboratories of Dr. Charles R. Hackenbrock.

As alumni grow in numbers, so does the contact between the School of Medicine and an increasing number of medical professionals, many of whom support it through the traditional avenue of philanthropy, financial gifts that enhance the school's ability to provide quality education and to serve.

This issue, we salute the donors of the past year who have supported the School of Medicine through their gifts to the Loyalty Fund, the Centennial Club and the Co-Founders Club. Through the efforts of these alumni and friends, the medical school can hope to continue in its tradition, and remain "a remarkable institution."

—KCB

Scientists are closing in on the cell

It was an electron microscope last Spring that helped aviation investigators conclude a broken bolt from a DC-10 was not the sole cause of the nation's biggest air catastrophe.

Other, similarly sophisticated equipment today aids physicians diagnose such potentially deadly ailments as kidney disease.

But 40 years after its development, the electron microscope is perhaps best used to study a small and seemingly insignificant particle, whose unlocked secrets could have the greatest impact of all—the human cell.

Far surpassing a light microscope's capacity to magnify objects clearly, the electron microscope can magnify parts of a cell up to one-half million times, and under the equipment's binoculars, five million times.

Its capacity is drawn from a high-voltage energy source that generates electrons at the upper part of the microscope's verticle column, where a series of electromagnetic lenses directs them.

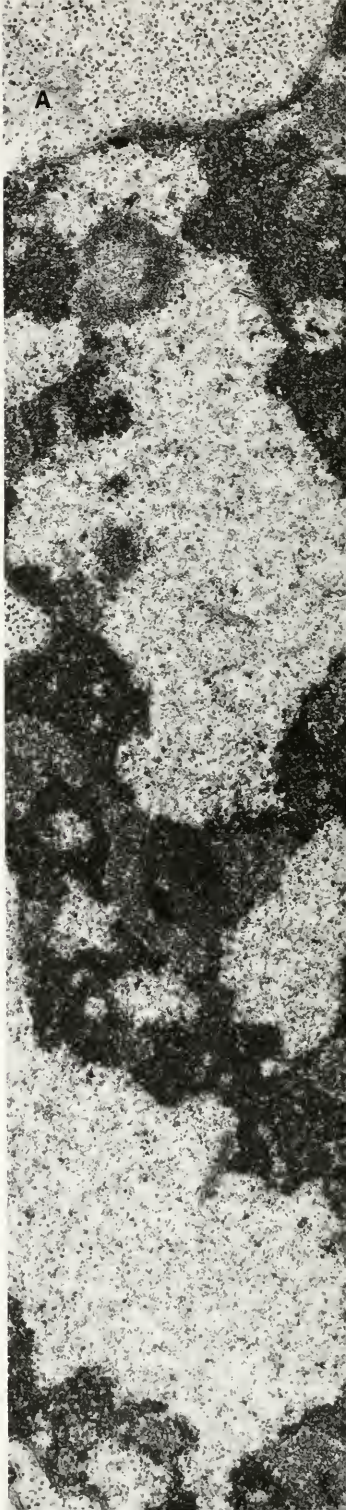
Surrounded by an electromagnetic field, electrons spiral down in a vacuum through two condenser lenses before striking the specimen, then through a series of other lenses before reaching a phosphorous screen where an image is produced. Underneath the screen is a photo emulsion where permanent images can be made.

The delicate and elaborate microscope allows scientists to see how the smallest parts of the human body work, and how they malfunction. Remarked Dr. Charles R. Hackenbrock, professor and chairman of the department of anatomy and director of the Laboratories for Cell Biology at the School of Medicine, "The electron microscope has revolutionized cell biology, giving it the technological strength needed to establish it as a discipline, and in that sense, its growth was related to the growth of the microscope."

But to use it effectively requires care and skill. Nylon or silk gloves are worn when loading a specimen as cotton gloves could introduce lint into the column, which must remain dust-free. A detailed control panel indicates the level of complexity of the 9' by 9' by 6' instrument, which Hackenbrock said, "takes years to master."

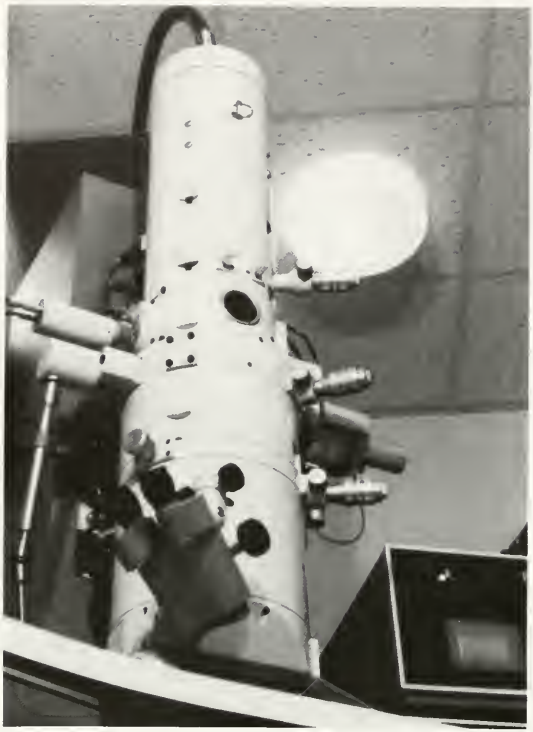
The electron microscopist leads a disciplined and lonely life, he admitted. Except for the controls on the front panel, they work in total darkness, often up to five hours at a time, manipulating samples and the microscope for the desired images.

To magnify a sample thousands of times its original size takes extraordinary measures. The instrument requires an exclusive ennvironment. Floors upon which it stands must be vibration-free and tested for strength. Depending on



A transmission electron microscope's image of a mouse cancerous tumor cell is shown in photo A magnified about 24,000X. In photo B, a portion of the cell similar to the boxed portion above, appears magnified about 84,000X highlighting two mitochondria. Photo C, magnified about 280,000X, is an image of membranes similar to those shown in the boxed portion of photo B.

B
C



This scanning transmission electron microscope (left) at the Laboratories for Cell Biology allows scientists to view the three-dimensional images of single cells. Above, Dr. Charles R. Hackenbrock, chairman of the department of anatomy and director of the Laboratories.

the model, the microscope's column, weighing nearly a ton, is suspended free from the console, weighing another ton, since movement as minor as finger tapping could mar an image. When bulldozers recently went to work on a road near Swing Building, location of the laboratories, Hackenbrock announced definitively, "We were out of business." Ultrahigh-voltage models require a building at least two floors high to accommodate the required electrical capacity.

But the results are well worth it. Slides of portions of single cells indicate the electron microscope's potential: Click—a single human cell, its parts clearly visible; click—now just a portion inside the cell; click—a piece of that portion. "You can see a cell magnified 10,000 times, then see it again magnified 200,000 times, and you begin to see new things," Hackenbrock declared.

It's a technology attractive to many disciplines. Essentially a research tool, the electron microscope advances the study of physical materials in industry. Physicians use it to help diagnose disease. And it has played a major role in helping scientists understand how pathogens work.

Cancer cells, which Hackenbrock said do not usually appear structurally different from normal cells, interact differently. Scientists can examine cell surfaces with the microscope, and look for differences in how cancer cells make contact with each other and other cells.

Perhaps the most important key to the success of the electron microscope is the variety of techniques used to bring an image to its fullest capacity. "The microscope alone is not adequate unless you can prepare specimens that can withstand the damage of the electron beam," often a delicate and difficult operation, Hackenbrock said.

Techniques often employ precious metals and stones. Gold and platinum are used to coat samples and increase contrast. Diamond-edged knives slice specimens as thin as 100 nanometers (a nanometer is a thin one billionth of a meter), eliminating one of the most difficult stumbling blocks: thickness. Electrons usually must pass through a specimen to produce a useful image, and thick specimens deflect them.

"Today's technology is hampered primarily by a lack of technique in preparing specimens," a gap Hackenbrock said is closing as scientists combine skill with several types of electron microscopes. The most commonly used:

The transmission electron microscope helps scientists view two-dimensional images of tiny portions of cells encased in protective plastic.

It's also used with a special technique that has helped overcome the problem of viewing thin cell membranes: how to see what they look like alive. Cells cannot live in the vacuum-atmosphere of the electron

microscope, and electron beams will destroy them. To compensate, scientists use a freeze-fracturing process to create a replica.

Jet-frozen at an approximate rate of 10,000 degrees per second, the cell is placed in a high vacuum where it is fractured. The cell cracks at its weakest point, leaving exposed layers of membrane. Next, a thin layer of platinum is sprayed onto the broken cell that, when taken from the vacuum and separated from the cell, becomes a replica.

The high-voltage electron microscope increases the speed of electrons, increasing the resolution for viewing thicker samples. A high-voltage model is included in future plans for the labs, Hackenbrock said.

The scanning electron microscope is used to view metal-coated samples, permitting three-dimensional images of cell surfaces. Electrons strike a gold-coated cell, generating electrons from the gold atoms, which are collected by an electron detector that forms the image of the cell's surface.

The X-ray elemental analysis electron microscope enables scientists to determine the location and concentration of elements within a cell, important technology that permits them to compare the chemical and physiological conditions of cells in normal and diseased states.

After a freeze-dried cell section is placed inside the microscope, electrons strike the section, and an X-ray detector, programmed to distinguish among X-rays from specific elements, plots their distribution in the cell as a series of dots.

"With the availability of these types of microscopes and the potential of additional analytical models in the future," Hackenbrock said, "biomedical scientists can hope to make new major contributions to the understanding of cell disease in the human body." □

Above, Dr. Matthias Hochli, assistant professor of anatomy, prepares a specimen at the freeze-fracture, high-vacuum instrument in the Laboratories for Cell Biology. Underneath, each black dot represents a single gold atom. Scientists here photographed the atoms, using a transmission electron microscope, magnified about 16 millionX.

Learning about cells gives knowledge about life

What does a cell's membrane tell us about how it lives? What effect can substances found within the membrane of a cell have on the human body? How do cells age?

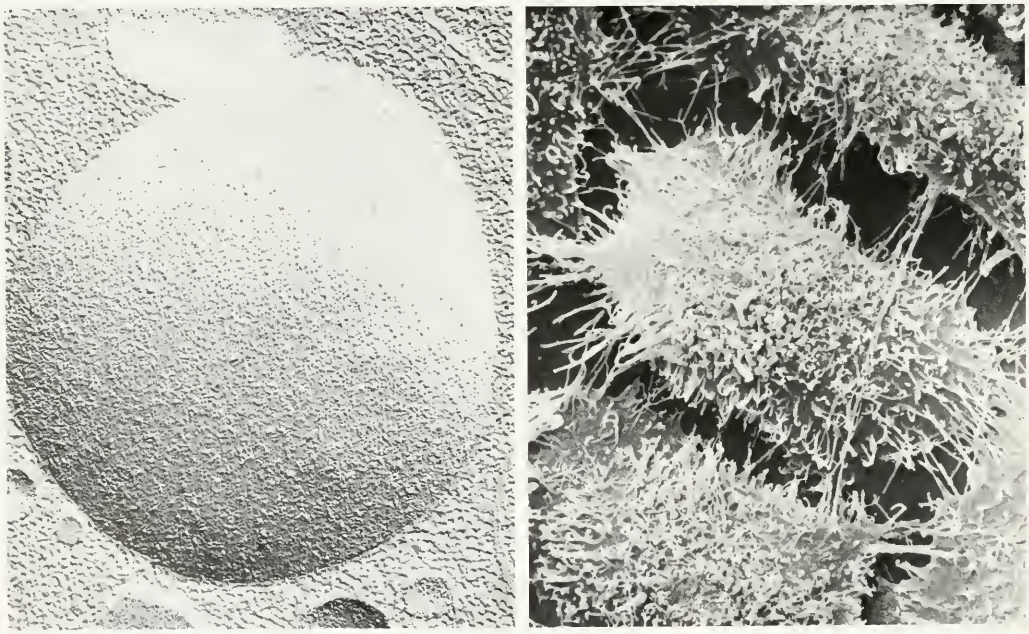
Scientists at the Laboratories for Cell Biology at the School of Medicine are asking these and other questions as they examine the composition of cells.

Dr. Charles R. Hackenbrock, professor and chairman of the department of anatomy, along with a team of eight scientists, study the biology of cell membranes, particularly those of mitochondria, organelles which are the principal sites of the generation of cell energy.

Their work depends on intricate skills and the precise technology of five electron microscopes: three transmission models, one scanning electron microscope and one combined, scanning transmission microscope, says Hackenbrock, director of the laboratories.

By studying the structure and function of the mitochondrial membrane, which is essential to life, they hope to learn more about cells in normal and diseased states, and how they change, for example, during aging. "We know that during aging, lipids and proteins of the mitochondrial membrane undergo changes," he says. "In aging, there's a physiological slowdown. We know the energy reserves change, and that we tire more readily."

Hackenbrock and his team study how proteins in the mitochondrial membrane collide to provide energy for the cell. "It's possible that in disease and aging, the proteins collide at abnormal or reduced rates owning to changes in the composition of the membrane lipids," he says, "affecting energy conservation, all chemical cell reactions and generally, all functions of the body." □



Although the photo on the left may appear to resemble something from outer space, it's focus is clearly on inner space. An electron microscope magnified the minute particle, an inner mitochondrial membrane, one of the principal sites of the generation of cell energy. On the right, a scanning electron microscope produced this image of cultured cancer cells in contact with each other, magnified about 3,300X. The arrangement and interaction of cancer cells is a key factor in distinguishing them from normal cells.

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It is an extraordinary privilege to renew my association with the University and to become a part of the School of Medicine which I have watched with the profound respect of an expatriot for more than 20 years.

In the course of that stately minuet of academic recruiting which Petersdorf has called "the academic mating game,"[1] I have had an opportunity to gain a unique perspective of the School of Medicine.

On other occasions I will share the litany of remarkable accomplishments, remarkable people and remarkable programs. My overwhelming impression is one of an institution which is interacting with its professional and social environment with great effectiveness and which is composed of individuals of enormous ability, dedication and scope. Its people are justly proud of past and current contributions and are appropriately concerned and committed to extend and to adapt to meet the changing needs of the future.

All of this is clearly a result of the efforts of thousands of people—faculty, staff, students, housestaff, administrators, alumni, officers, trustees and governors of the University, members of the legislature and the executive branch of state government, the people of North Carolina and sometimes, despite itself, the federal government.

At the risk of appearing to hold an exaggerated opinion of the role of the dean, I want to express my own great respect and appreciation for the wisdom, skill and leadership of Reese Berryhill, Ike Taylor and Chris Fordham. As a colleague on the national scene as well as a recent arrival, I know that each of these men has given the School of Medicine important parts of its character and content and that their greatest legacy is the inspiration and tradition of excellence which permeates the school today and which will fuel the advances of the future.

For a long time, I have known that the loyalty of the alumni is one of the greatest assets of the School of Medicine. From Jim Thorpe, Bill Wood and others, I have begun to learn something of the Medical Alumni Association. I look forward to the opportunity to meet old friends in the association and to make new friendships. In the coming years, the thoughtful support of alumni will be more important to the school than ever—not only financial support but also support in the form of knowledgeable and constructive criticism and help in increasing public understanding and knowledge of the School of Medicine.

This issue of the medical alumni *Bulletin* has philanthropy as its theme and I want to take this opportunity to offer a few thoughts concerning the place of philanthropy in the support of medical education.

In my judgment, philanthropy is an essential counterbalance to governmental support of all of the nation's academic medical centers—public and private. The counterbalance is necessary to sustain three characteristics of academic medical centers without which the centers can but poorly serve their purposes: Philanthropy is necessary to sustain the diversity of academic medical centers which allows each to contribute its unique character to the national pool and which resists permature and inappropriate homogeneity of programs of medical education, research and patient care. Philanthropy is necessary to sustain the full capability of scientific, clinical and educational innovations. Only with philanthropic support can our academic medical centers adapt effectively to rapidly changing societal needs and demands in times of stable or shrinking resources.

With solid philanthropic support, future generations of students can share in the heritage of academic scope and excellence which we knew in the past and which we know today, and the School of Medicine can continue and extend its proud tradition of leadership in service to the people of the state and nation.

I look forward to hearing from you and learning of your interests and perspectives.

Stuart Bondurant

[1]Petersdorf, R. C., The academic Mating Game, NEJM, June 8, 1978, pp. 1290-1294.

Contributors to medical school are saluted

Without philanthropy, the medical school would be missing a vital avenue of support, in its special projects and in unforseen day-to-day needs.

This year, hundreds of alumni and other friends of the School of Medicine gave their financial support through the Co-Founders Club, the Centennial Club and the Loyalty Fund.

Medical Foundation officials say they hope to reach more than $1 million in contributions for the third consecutive year from the gifts of 344 Co-Founders, including 147 alumni, and from other major donations.

An additional 267 alumni are members of the Centennial Club, donating at least $100, and hundreds more are members of the Loyalty Fund, which this year reached more than $53,000 as of April 1.

These gifts have special meaning to the School of Medicine. The Co-Founders support the school through gifts of unrestricted funds used by the dean and his advisors as they are needed. Members of the Co-Founders support projects through annual gifts of at least $1,000.

Loyalty Fund contributions are used for alumni programs and communications, scholarships and projects, and the Centennial Club further enhances this effort.

The significance of philanthropy is measured differently by each of us. In the following essays, three friends of the school reflect on such support from their own perspectives: Dr. John A. Kirkland, '50, president of the Medical Alumni Association; Irwin Belk, president of the Co-Founders Club and president of Belk Enterprises, Inc.; and Dr. William B. Blythe, '51, MAA president-elect and professor of medicine at the School of Medicine.

The generosity of the following individuals permits the School of Medicine to meet special or unforeseen needs and to carry on or enhance major projects.

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Belk supports contributions to research

Irwin Belk

The money I have given to the Medical Foundation is some of the most worthwhile I have spent.

The research the Medical Foundation supports for the health and welfare of the people of the state of North Carolina is one of the most deserving contributions anyone can make. It is for this reason that support of an institution such as the School of Medicine should not rest alone with those directly associated with it.

The Co-Founders Club gives people and groups of people in the form of companies and organizations a method of making substantial financial contributions to the School of Medicine in effective and essential ways. Without this support, such large undertakings as the Center for Cancer Research might not be so ambitious; progress on the Burn Center would be slowed. It is these kinds of projects which have a significant impact on the state's welfare, in addition to increasing knowledge through research that can be applied throughout the world.

This support helps advance the study needed to fight and treat disease, but it also serves another important goal: to fit priority needs not served through government appropriations, thereby helping the medical school, whether in its daily operations or special needs. The total benefit is as much toward those who contribute as it is to the school.

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*T. J. Taylor, Roanoke Rapids

Class of 1933

Charles W. Reavis, Chattanooga, Tenn., Chairman

*S. A. Pope, Beulaville
*E. Charles Powell, Goldsboro
*Paul H. Rhodes, Lakewood, Colo.
*Joseph M. Shachtman, Beverly Hills, Calif.
Arthur F. Toole, Talladega, Fla.

Class of 1934

*A. L. Barringerr, Mt. Pleasant, Chairman

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Robert L. McDonald, Thomasville
*J. Fred Merritt, Greensboro
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Class of 1935

*W. Howard Wilson, Raleigh, Chairman

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*Thomas A. Henson, Greensboro
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*Hubert C. Patterson, Chapel Hill
*Edward W. Phifer, Morganton
*McChord Williams, Charlotte

Class of 1936

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Chairman

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Class of 1937

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*John C. Grier Jr., Pinehurst, Chairman

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*Evelyn P. Ivey, Wilmington, Del.
James R. Wright, Raleigh

Dr. William B. Blythe

Effects of support far-reaching

I was asked to write a brief essay about philanthropy for this issue of the *Bulletin*. Most essays on philanthropy are hackneyed beyond belief (excluding those here, of course,) and as I grow older, I have less and less tolerance for the usual tract on why I should give money to organizations that I have never belonged to, am now associated with, or hope to get into (including heaven).

The usual approach to the subject might be reduced to the following: 1. Money given to an organization by individuals enables the organization to do things that it could not do if the money were not given to it; and thus, it is good for the organization. 2. The giver is benefited spiritually, emotionally and fiscally; thus, giving is good for the giver.

Perhaps that's it. I am not sure that I can sprinkle any sparkling freshness on the subject, so you may want to stop here, but I'll try.

I believe that only two institutions can be depended upon to prevail—one is the university and the other is the church—one primarily concerned with things of the mind and the other the spirit.

Our medical school is an integral part of the University, and its potential for good extends to the farthest quarter of the globe as well as to the remotest hamlet in North Carolina.

I believe quite simply that every individual who can—student, faculty member, alumnus or friend—should share in promoting this potential for good. If enough don't, I believe that civilization is doomed.

Class of 1939

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Jesse Caldwell, Gastonia
*Charles Cloninger, Conover
*Ben F. Fortune, Greensboro
*Eugent F. Hamer, Monroe
*Ralph S. Morgan, Sylva
Pearl H. Scholz, Baltimore, Md.
*Thomas G. Thurston, Salisbury

Class of 1940

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Phil L. Barringer, Monroe
*Henry G. Guynes, Garland, Texas
*Joseph W. Kahn, Franklin
*John H. E. Woltz, Charlotte

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*John F. Lynch, High Point
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Class of 1943 - March

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*James B. Greenwood, Charlotte
W. N. Hubbard Jr., Kalamazoo, Mich.
*William F. Hutson, Northbpook, Ill.
*George L. Jordan Jr., Houston, Texas
*Alexander C. Mitchell, Pittstown, N.J.
*Robert M. Packer Jr., Waycross, Ga.
*John H. Reed, Gainesville, Ga.
*Frank R. Reynolds, Wilmington
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Class of 1943 - December

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*Joseph W. Baggett, Fayetteville
*Hilda Bailey, Salisbury
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*S. Malone Parham, Henderson
*Herbert W. Park, Richmond, Va.
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*Robert G. Fitzgerald, Roxboro
*Ben G. Gold, Rocky Mount
Kirby T. Hart, Petersburg, Va.
*R. E. Hooks, St. Pauls
*Hampton Hubbard, Clinton
*Weldon H. Jordan, Fayetteville
John H. Monroe, Winston-Salem
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*John K. Robertson, Sanford
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C. Roy Rowe Jr., Statesville
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***John T. Dees,** Burgaw
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*Buel K. Grow, Belle Meade, N.J.
***Vonnie Hicks Jr.,** Raleigh
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***George Johnson Jr.,** Chapel Hill
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*George F. Tucker, Zebulon
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*Hal B. Hawkins, Wilkesboro
***Stanton V. Huffman,** Elon College
***Louis J. Norris Jr.,** Morehead City
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***Malcolm Fleishman,** Fayetteville
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*Barbara Jordan, Lumberton
Herman P. Lineberger, Chapel Hill
Neal T. Patrick, Washington
Thomas H. Patterson, Farmville
*Charles H. Powell, Mars Hill
*George D. Presley, Tampa, Fla.
*Clifton L. Quinn, Raleigh
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*William H. Weinel Jr., Wilmington
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*C. Council Dudley, Elkin
*John W. Foust, Charlotte
***J. Eugene Glenn,** Jacksonville, Fla.
***James D. Groseclose,** Randleman
***James W. Hayes III,** Burlington
***Charles L. Herring,** Kinston
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***Samuel G. Jenkins Jr.,** Elizabeth City
*A. Smith Lineberger, Fairfax, Va.
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*John T. Monroe, Chapel Hill
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*Frank C. Morrison, Canton
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Harold R. Roberts, Chapel Hill
O. F. Roddey Jr., Charotte
*Mary M. Rood, Cary
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William E. Easterling Jr., Chapel Hill
***John T. Evans,** Chattanooga, Tenn.
*Charles W. Fowler III, Orlando, Fla.
*Francis W. Green, Albemarle
***William R. Harris,** Hickory
*Dean C. Jones, Jefferson
*H. Neill Lee Jr., Lumberton
*Otis M. Lowry, Spring Hope
***William W. McLendon,** Chapel Hill
*J. Doyle Medders, Louisburg
*Robert L. Murray, Roanoke, Va.

*John S. Noell, Metairie, La.
*John W. Ormand Jr., Wilmington
*F. D. Pepper Jr., Winston-Salem
G. Leon Pittman, Burlington
*William R. Purcell, Laurinburg
*W. R. Stafford, Greensboro
*John W. Vassey, Raleigh
*Garland E. Wampler, Burnsville
*William B. Wood, Chapel Hill
*Leonard S. Woodall, Smithfield

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*Stephen T. Gripton Jr., Raleigh
*James G. Hall, Dobson
*Bennett Hayes Jr., Fayetteville
*G. L. Irvin III, Coral Gables
Thomas M. Johnson, Smithfield
*Richard V. Liles Jr., Albemarle
*H. Maxwell Morrison Jr., Pinehurst
Harvey A. Page, Pikeville, Ky.
*H. J. Ritchie, Concord
*James N. Slade, Edenton
*James H. M. Thorp, Rocky Mount
*Benson R. Wilcox, Chapel Hill

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Geroge W. Hamby, Chapel Hill
John S. Howie, Raleigh
*Walter N. Long Jr., Taylorsville
*P. D. McMichael Jr., Reidsville
*J. Richard Patterson, Danville, Va.
*William R. Story, Charlotte

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*Bobby W. Brawley, Charlotte
*Robert C. Brown, Rutherfordton
*Norman A. Desrosiers, Butner
*Otis N. Fisher, Greensboro
*George W. Gentry Jr., Roxboro
*Charles F. Gilbert, Greenville
*Robert L. Green, Winston-Salem
*Glenn E. Hair, Fayetteville
*Oliver J. Hart Jr., Winston-Salem
*A. Tyson Jennette, Wilson
*Morris A. Jones Jr., Durham
James A. Kiley, Kalispell, Mont.
*Paul M. Moore Jr., Washington
*Arthur S. Morris Jr., Asheville
*Julian W. Selig, Norfolk, Va.
*Martha Sharpless, Greensboro
*Robert M. Stevenson, Lincolnton
*William W. Sutton, Wallace
*Shahane R. Taylor Jr., Greensboro
*Robert L. West, Greenville
*Franklin D. White, Siler City

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*James G. Mann, Golden, Colo.
*K. F. McCain, Winston-Salem
Duncan S. Owen Jr., Richmond, Va.
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*John C. Tayloe, New Bern
*Kenneth Weaver, Johnson City, Tenn.

Class of 1961

*W. Stacy Miller, Raleigh, Chairman

*James H. Blair, Columbia, S.C.
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*Daniel E. Clark, Southern Pines
*Benjamin W. Garrou Sr., Valdese
R. W. Hudson, Bayboro
*Richard D. Jordan, Salisbury
Lloyd D. Lohr, Lexington
*William W. Morgan Jr., Asheville
*A. Ray Newsome, Winston-Salem
William L. Owens, Clinton
*Louie L. Patseavouras, Greensboro
Cecil H. Rand Jr., Greenville
*W. R. Samuels, Charlotte
*Edward A. Sharpless, Greensboro
*W. Ferrell Shuford, Wilmington
*Jerry E. Smith, Southern Pines
Josh Tayloe, Washington
Donn A. Wells, Pompano Beach, Fla.
*William H. White Jr., Sanford

Class of 1962

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*Frederic A. Burney, Wadesboro
*Joseph H. Callicott Jr., Lynchburg, Va.
*Lawrence M. Cutchin, Tarboro
G. Thomas Davis, Asheboro
Marion W. Griffin, Asheboro
*John L. Monroe, Pinehurst
*Helga Muiznieks, New York
James P. Pittman, Greenville, S.C.
*Dawson E. Scarborough, Rocky Mount
*Richard L. Taylor, Oxford
*Abner C. Withers, Drexel

Class of 1963

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*W. Paul Biggers, Chapel Hill
*Karl F. Bitter, Asheville
*J. Andrew Burnam, Miami
*John W. Dalton Jr., Santa Monica, Calif.
*Henry W. Gerock Jr., Jacksonville
*R. Daly Goff, Seattle
*Ira M. Hardy II, Greenville
*William O. Jolly III, Albemarle
Charles I. Loftin, Roanoke, Va.
*Walter Mauney, Murphy
*Tom S. Rand, Wilsol
*Douglas L. Ritch, Charlotte
*Charles J. Sawyer, Ahoskie
*Horace K. Sawyer, Decatur, Ga.
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Eddie Stiles, Apex
*Ward Landis Voigt, Edenton
*Kelley Wallace Jr., Edenton
*Roy A. Weaver, Fayetteville

Class of 1964

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*Robert D. Croom, Chapel Hill
*E. Woodrow Hunt, San Diego
*Richard A. Mangum, Creedmoor
*Robert J. Pierce Jr., Hickory
*J. W. Reynolds, Salisbury
*James W. Rose, Madison, Wisc.
*Russell C. Taylor, Boone
*Wayne B. Venters, Jacksonville

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*Richard M. Aderhold, Winston-Salem
Daniel E. Brown, Raleigh
*Takey Crist, Jacksonville
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*Howard Holderness Jr., Truckee, Calif.
Robert T. Kindley, APO, New York
*Sue E. Kirkpatrick, Los Gatos, Calif.
*William C. Langdon, Richmond, Va.
*Gordon B. LeGrand, Raleigh
Malcolm McLeod, Chapel Hill
*William D. McLester, Richmond, Va.
*Llewellyn Phillips II, Renton, Wash.
*Thomas L. Presson, Greensboro
*Evin H. Sides, Raleigh
*William B. Strum, La Jolla, Calif.
*Donald P. Whitley, Richmond, Va.

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Robert H. Bilbro, Raleigh
*Paul L. Burroughs Jr., Raleigh
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*William M. Crutchfield, Elizabeth City
*N. Parke Davis II, Wilson
*George T. Grigsby Jr., Topeka, Kan.
Carol H. Hackett, Mercer Island, Wash.
*Lewis Hicks, Lexington, Ky.
*Michael M. Kannan, Richmond, Va.
*Thomas J. Koontz, Winston-Salem
*William Rawls, New Bern
*Alan M. Rich, Lakeland, Fla.
Surry P. Roberts, Raleigh
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*W. Beverly Tucker, Henderson
*W. Hunter Vaughan, Steubenville, Ohio

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*Thomas W. Bundy, Chambersburg, Pa.
Charles L. Clarke, Las Vegas
John L. Currie, Chapel Hill
*C. Allan Eure, Raleigh
*David A. Evans, Monroe
Jerry W. Greene, Castle, Calif.
*E. Frank Hart Jr., Morganton
John W. Hollifield, Nashville, Tenn.
Hugh T. Lefler Jr., Fort Worth, Texas
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Donald H. McQueen, Goldsboro
Rudolph I. Mintz Jr., Kinston
Larry Mumford, Durham
*Gerald Pelletier Jr., New Bern
William B. Riley Jr., Houston
Albert L. Roper II, Norfolk, Va.
*Joel E. Rothermel, New York
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Barry M. Welborne, Charlotte

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Theodora L. Gongaware, Savannah
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*Ronald F. Joyner, Greensboro
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*Jerald E. Lancourt, San Francisco
R. Frank Lowry, Roanoke Rapids
Carole W. Samuelson, Birmingham, Ala.
Robert C. Vanderberry, El Cajon, Calif.

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H. Wallace Baird, Greensboro
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*Don C. Chaplin, Burlington
Hugh T. Grant Jr., Raleigh
J. G. Johnston, Charlotte
*Donald M. MacQueen, Wilmington
*George E. Newsome, Rock Hill, S.C.
*Joseph D. Russell, Wilson
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*James W. Snyder, Wilmington
James G. Wallace, Southern Pines

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*James P. Browder, Chapel Hill
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Donald D. Howe, Gastonia
*F. G. Kroncke Jr., Rocky Mount
*James D. Melton, Morganton
Thomas W. Nicholson, Washington
*George M. Oliver Jr., Morehead City
*James B. Sloan, Wilmington
*James D. Smithwick, Laurinburg
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*E. Lance Walker, Denver

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*Myron H. Brand, Madison, Conn.
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*Peter G. Chikes, Columbia, S.C.
R. B. Cooke, Owego, N.Y.
*Charles Davant III, Blowing Rock
*Cecil M. Farrington, Salisbury
Walter B. Greene, Chapel Hill
Clay Harrell, Charlotte
Gregory F. Hayden, Madison, Conn.
Frederick C. Heaton, Raleigh
*Larry A. High Jr., Nashville
William B. Horn, Boone
*Howard S. Kroop, Woodbury, N.J.
*Robert W. Little, Burlington
John R. Lurain, North Tonawanda, N.Y.
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*Ronald J. Stanley, Boone
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Stephen B. Billick, Philadelphia
William R. Ferguson, Albany, Ore.
E. Ruffin Franklin, Tarboro
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Ira Green, Palo Alto, Calif.
F. Daniel Jackson, Cumberland, Md.
Stanley C. Jordan, Los Angeles
Elisabeth A. Keller, Brookline, Mass.
James N. Martin Jr., Dallas
Gary S. Niess, Montgomery, Ala.
Robert R. Walther, New York

Class of 1974

Perry M. Harmon, Charleston, S.C.

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C. Tate Holbrook, Birmingham, Ala.
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Robert H. Lester, Augusta, Ga.
Gary M. McClain, San Diego
Frank J. Miller, Augusta, Ga.
Frank H. Moretz, San Antonio, Texas
Jerry E. Patterson, Chapel Hill
Pamela S. Rand, Santa Monica, Calif.
Lawrence I. Yong, Hixson, Tenn.

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Arthur L. Fritz, Durham
Kenneth D. Lempert, Madison, Wisc.
Robert Moskalik, South Bend, Ind.
William A. Richey, Chapel Hill
David F. Silver, Norwich, Vt.

Class of 1977

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William B. Harden, Augusta, Ga.
Catherine M. Radovich, Chapel Hill
Gloria May Rapoport, Staten Island, N.Y.
Sally F. Shu, Galveston, Texas

Non-alumni

A. John Bambara, Bridgewater, N.J.
H. Stanley Bennett, Chapel Hill
*C. L. Gray, High Point
Glenn B. Hays, Fort Myers, Fla.
*William B. Herring, Greensboro
David L. McIlwain, Chapel Hill
*Alex H. Veazey, Hendersonville

A Samuel E. Way Memorial Fund has been added to the 1978 Loyalty Fund in remembrance of Dr. Way who died November 24, 1976. Dr. Way had requested that a portion of his estate be donated to the Medical Alumni Association. He received a Certificate in Medicine from the School of Medicine in 1931.

Alumni support more critical than ever

Dr. John A. Kirkland

Whether as recipients of a Certificate of Medicine from the two-year-school, graduates of the four-year school or former house staff members at N.C. Memorial Hospital, each of us as alumni undoubtedly have some lasting and perhaps sentimental attachment to the School of Medicine.

Unfortunately, as a group, our record of financial support has not matched our sentiments or reflected a sense of indebtedness or obligation which I feel each of us should share. We should bear in mind that the school provided us with the excellent foundation upon which our entire professional career has been based. It provided us with the knowledge and expertise to allow us as physicians to attain and enjoy a position of affluent security.

We would be unrealistic to assume that our tuition as students paid more than a small fraction of the cost of our medical education. Therefore, I feel that our indebtedness is a continuing one for most of the years that we actively pursue our profession. The School of Medicine continues to serve us as a referral center, as a source of up-to-date information and as a life-long teacher through postgraduate programs. Our obligation to the school should be no less continuing than its effort to serve us and help us to maintain a high level of knowledge and competency.

Alumni can support the school in several ways. Many alumni continue to assist in the teaching program with clinical appointments at Chapel Hill and at many community hospitals in the AHEC program. Many give time and effort as active participants in the affairs of the alumni association as councilors, members of the visiting committee, class agents of the loyalty fund and officers of the association. Financial aid to the school is a form of support universally applicable to every member of the alumni association. It is the support most critically needed and the area which all of us need to address.

With the eroding effect of inflation, with the increasing competition for funds at the state level and with the loss of federal grant support, it is becoming increasingly difficult to sustain current programs and to provide new initiatives in medical education. Therefore, the school must rely heavily on the philanthropy of the alumni and other donors—corporate, foundation or individual.

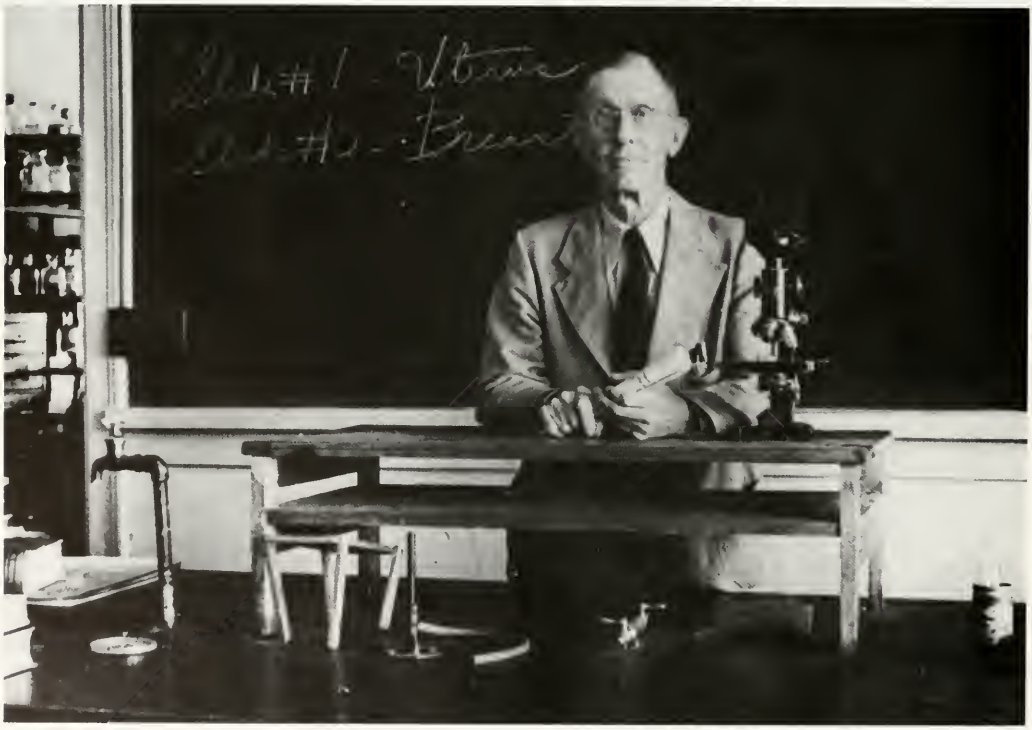
The most obvious constituent for the medical school is the alumni family, now totaling several thousand. We have had the most direct involvement with the school, have been the most direct beneficiaries and we should be the most likely and direct prospects as donors. Many have given generously in the past to the Co-Founders Club, to an endowed chair for a deceased or retired professor and to the Loyalty Fund. However, participation by the majority of alumni is still lacking at a time when giving by all alumni is essential.

I hope with proper motivation, through a sense of obligation and a desire for involvement that each of us will make our giving to the School of Medicine an on-going and annual commitment. We should try to make an annual gift, programmed and pledged as we would to our church, our undergraduate institution or any other favorite eleemosynary activity.

Hopefully, there is a bit of philanthropy untapped in all of us. A meaningful gift to our school, with the knowledge that it will be gratefully received and beneficially used, can be one of our finest moments.

Looking back

It's a long time back to 1937, when the School of Medicine was housed in Caldwell Hall on the University campus. But these photos, donated to the school by Dr. Lytt Gardner, professor of pediatrics at the College of Medicine, Upstate Medical Center in Syracuse, N.Y., may jar some memories. Gardner, who received his A.B. from the University in 1938, took these photos: (across) H. Ward Ferrill, Ph.D., associate professor of physiology; (below) James B. Bullitt, M.D., professor of pathology, in the student pathology lab; (upper right) Issac H. Manning, M.D., dean of the medical school from 1905-1933 and professor of physiology; and (lower right) William DeB. MacNider, professor of pharmacy and dean of the medical school from 1937-1940.



Extracts

The Cancer Research Center has received nearly $1.4 million from the National Cancer Institute to help build a major research facility on the UNC-CH Campus. Construction on the two-year project is expected to begin late next year.

center for cancer research

Dr. Christopher C. Fordham III, vice chancellor for health affairs, noted that contributions and pledges from individuals, foundations and businesses along with the recent federal funding have put the center over the halfway mark toward its $7.8 million goal.

The 65,000 square foot building will house cancer center core faculty who now work on projects in labs and clinics scattered throughout the medical center. The UNC-CH cancer center is one of a national network engaged in cancer research.

A prominent nephrologist here has co-edited a two-volume reference work updating eight years of research and clinical advances into kidney disease.

The third edition of Strauss and Welt's *Diseases of the Kidney*, published by Little, Brown and Co., is designed as a reference guide for internists, nephrologists, physicians-in-training and medical students.

Editors Dr. Carl W. Gottschalk, Kenan professor of medicine, and Dr. Laurence E. Early, chairman of the department of medicine at the University of Pennsylvania, updated the work first published 16 years ago that helped establish nephrology as a subspecialty of medicine, Gottschalk said.

The latest edition includes such new advances as nuclear techniques in diagnosing kidney disease and more recent understanding of kidney function and disease, including discussions of treatments for end stage renal disease through dialysis and kidney transplants.

Gottschalk was instrumental in the national planning for dialysis and kidney transplantation treatments for patients with kidney disease. Early is a School of Medicine graduate and recipient of its Distinguished Service Award.

There's good news and bad news about the leading cause of respiratory infections among American children, a team of University researchers reports.

The good news is that a vaccine could be developed to reduce the severity of illness caused by respiratory syncytal virus (RSV), which gained notoriety when 71 infants died from its effects in Naples, Italy.

The bad news is that a vaccine is unlikely to prevent all infections. The team did not test a vaccine but studied the natural resistance of a group of children to the virus during recurring outbreaks.

The research was carried out at the Frank Porter Graham Child Development Center and reported by Drs. Frederick W. Henderson, Albert M. Collier and Floyd W. Denny, all faculty members of the medical school.

Faced with the rising cost of health care, medical center physicians are finding new ways to control costs and to increase cost awareness. Some examples:

- A professor of medicine illustrates one way to show new residents how patients feel when they receive their hospital bills: He asks each of them to pass forward a major credit card. "For the next three years while you receive your training, we will take care of your needs," the professor hypothesizes as he pockets the cards. "When you leave, we'll bill you."
- Residents are occasionally given a list of charges for items they have ordered for patients. The effect is astonishing. "Geez, I didn't realize every one of these things cost that much," is a typical reaction.
- Charges for routine expenses are posted through the hospital. Hand-printed signs remind physicians of the cost of a clinic visit, about $1 a minute.
- In courses offered through the medical school's department of community medicine, developed only two years ago, students learn about factors other than direct patient care that affect the health of patients. Economics plays a major role.

Doctors here say that cost, once "not a traditional part of our responsibility," has become a critical variable but one that doesn't have to conflict with good patient care.

Said one, "We've reduced costs to patients and at the same time, we're turning out good doctors."

Extracts

The University has received a five-year, $1.5 million grant to establish a national center for research and training in rehabilitating the blind and severely visually disabled.

The center is one of 20 in the nation established by the U.S. Department of Health, Education and Welfare to develop programs for the disabled. It will be the only center devoted to problems associated with rehabilitation for the blind.

In all their years of training, most doctors are never taught how to use an instrument they rely on to diagnose and treat up to 20 percent of their patients' primary medical problems—the telephone.

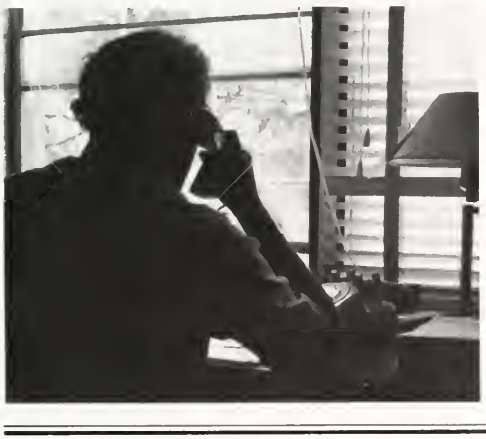
Dr. Peter Curtis, assistant professor of family medicine, is studying ways to improve telephone skills of primary care physicians and nurses.

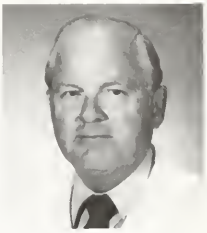
So far, he's learned that about half of daytime calls and 80 percent of after-hours calls at the Family Practice Center at North Carolina Memorial Hospital deal with medical or psycho-social problems, rather than such administrative procedures as making appointments. Many callers are seeking reassurance, or have what Curtis calls a hidden agenda: a specific concern they don't talk about directly, such as complaining about a headache while fearing they have a brain tumor.

He's also learned that physicians tend to be less patient with certain groups of people, especially women and the elderly.

To increase physician's skills, Curtis is helping them adjust the way they handle phone calls as a part of their training.

He says physicians should learn to ask certain questions that may bring out a patient's hidden agenda, such as, 'Is there anything else you are worried about?' 'Have I answered all your questions?' and 'Do you know someone who's had a problem like yours recently?'





Dr. G. Philip Manire, Kenan professor and chairman of the department of bacteriology and immunology, has been named vice chancellor and dean of the Graduate School.

The Graduate School is responsible for the admission and training of all postbaccalaureate students except those seeking first professional degrees in dentistry, law and medicine. Manire also will supervise the Office of Research Administration. A member of the faculty for 29 years, Manire was named professor in 1959, chairman in 1966 and Kenan professor in 1971.

James G. Vaughn has been named assistant dean for fiscal affairs in the School of Medicine. Vaughn has been business officer for the medical school since 1972.

An estimated one of every four women who are sterilized by methods that burn or tie their Fallopian tubes suffers significant side effects including pain and bleeding, said a School of Medicine physician.

In a study to learn what causes the side effects of some forms of sterilization, Dr. Ewa Radwanska, assistant professor of obstetrics and gynecology, said, "Preliminary results show that many sterilized women have a higher incidence of abnormal hormone levels in the blood than unsterilized women, which may indicate a destruction of tissues surrounding the ovaries."

"I don't think women are generally told of the negative after effects, which can appear even a year or more after surgery," Radwanska said, "and many physicians don't take seriously the side effects sterilized women report."

She also hopes to confirm whether the Hulka clip, a sterilization method developed by UNC-CH professor Dr. Jaroslav F. Hulka that doesn't cut the Fallopian tubes, is free from similar effects.

Researchers at the Division for Disorders of Development and Learning are studying what happens to the hyperactive child in adulthood.

Because of a variety of traits associated with the disorder, Dr. Thomas Gualtieri, assistant professor of psychiatry, said it's hard to identify the hyperactive adult, who may go unnoticed or who may be misdiagnosed as suffering from depression or anxiety.

The research team tests for such things as motor skills and attention span, looks at responses to certain drugs, focuses on current problems and probes childhood history. Gualtieri said symptoms may be treated with special psychotherapy that teaches the adult how to compensate for the disorder and avoid situations that might provoke excessive behaviors.

Faculty notes

W. Mitchell Sams Jr., M.D., professor of dermatology, was elected President of the Society of Investigative Dermatology at the organization's annual meeting May 4-10 in Washington, D.C.

Ernest Craige, M.D., Henry A. Foscue Distinguished professor of cardiology, delivered the main address at the annual meeting of the Swiss Cardiac Society May 10 in Lucerne, Switzerland.

John A. Ewing, M.D., professor of psychiatry and director of the Center for Alcohol Studies, won the Gold Award of the American Psychiatric Association in mid-May for his scientific exhibit on alcoholism.

Edward J. Shahady, M.D., professor and chairman of the department of family medicine, was chosen President-elect of the Society of Teachers of Family Medicine at their 12th annual conference in May in Denver.

Frank C. Wilson, M.D., professor and chief of orthopedic surgery, was appointed to the American Medical Association as a member of the House of Delegates. Wilson will represent the American Academy of Orthopedic Surgeons in the House, the policy-making body to the AMA.

Arthur H. Lockwood, Ph.D., assistant professor of anatomy and a member of the Cancer Research Center, was elected to the American Society of Biological Chemists April 5.

Colin D. Hall, M.D., associate professor of neurology and medicine and director of the neuromuscular unit, has been named director of the new Muscular Dystrophy Association clinic at the medical center.

James F. Newsome, M.D., professor of surgery, was honored by the N.C. Division of the American Cancer Society with the National Division's Distinguished Service Award for more than 20 years of voluntary service.

William C. Trier, M.D., professor of surgery, was elected President-elect of the American Cleft Palate Association at its annual meeting February in San Diego. Trier presented a study course on the surgical treatment of secondary lip and nose deformities caused by cleft lip.

Clayton Wheeler, M.D., professor and chairman of the department of dermatology, received the Stephen Rothman Memorial Award, at the meeting of the Society for Investigative Dermatology in Washington, D.C. The award, the most prestigious of the society, is presented to an individual who has distinctly altered the course and image of dermatology.

Paul L. Munson, Ph.D., Sarah Graham Kenan professor of pharmacology and endocrinology, delivered the plenary lecture for the American Society for Pharmacology and Experimental Therapeutics April 2 at the annual meeting of the Federation of American Societies for Experimental Biology in Dallas.

Morris A. Lipton, M.D., Ph.D., Kenan professor of psychiatry and director of the Biological Sciences Research Center, has been named to the National Advisory Council on Drug Abuse by HEW Secretary Joseph A. Califano.

Dr. Shahady

Dr. Hall

Dr. Newsome

Graduation '79

One hundred twenty-nine m[illegible]ents graduated Sunday, May 13, from the School of Medicine. [illegible] of the graduates recently began residency programs.

Dr. P. Frederick Sparling, pro[illegible] of medicine, addressed the graduates in Memorial Hall at the [illegible]ooding ceremony, which followed [illegible]eral commencement [illegible]s.

Seventy [illegible] of the graduates wi[illegible]nue their training at North Carolina Memorial Hospital; 38 wi[illegible]erve their training in the state.

The results of the 1979 National [illegible]dent Matching Program show that about half the graduates were [illegible]ed in the program of their first choice. Eighty-five percent were pla[illegible] among their top four choices. Seventy percent of the students ch[illegible] primary care specialties.

Where they're going

Carla S. Alexander, Medical Center Hospitals of South Carolina, Charleston; **William M. Ardrey,** University of Louisville Affiliated Hospitals, Louisville, Ky.; **Joan M. Baker,** Fayetteville Area Health Education Foundation, Fayetteville; **Andrew H. Balder,** University of Rochester Associated Hospital Programs, Rochester, N.Y.; **Noel H. Ballentine,** Hershey Medical Center, Hershey, Pa.; **Charles H. Barrier,** University of Alabama Medical Center, Birmingham; **Thomas A. Barringer III,** Charlotte Memorial Hospital, Charlotte; **Doris J. Batts,** Jacksonville Health Education Programs, Jacksonville, Fla.; **Richard L. Bradner,** Medical Center Hospitals of Vermont, Burlington.

John D. Brandon, Cedars-Sinai Medical Center, Los Angeles; **Harry R. Brashear,** William Shands Teaching Hospital, Gainesville, Fla.; **Jeffrey A. Buckwalter,** Yale-New Haven Medical Center, New Haven, Conn.; **Stanley J. Bunas,** Mercy Hospital and Medical Center, San Diego; **Robert W. Bynum IV,** North Carolina Memorial Hospital, Chapel Hill; **Ruby Cain,** internship deferred; **John D. Cameron,** Rockford Medical Education Foundation, Rockford, Ill.; **Gail M. Capel,** Medical College of Virginia, **Richmond, Va.; Peter E. Carson,** University of San Antonio Teaching Hospitals, San Antonio, Texas; **Herman Chavis,** Chippenham Hospital, Richmond, Va.; **William H. Craft Jr.,** North Carolina Memorial Hospital, Chapel Hill.

David F. Craig, Mountain Area Health Education Foundation, Asheville; **Henry L. Cromartie III,** Indiana University Medical Center, Indianapolis, Ind.; **Scott R. Crowgey,** Grady Memorial Hospital, Atlanta; **Walter E. Daniel Jr.,** North Carolina Memorial Hospital, Chapel Hill; **Shirley D. Davis,** Good Samaritan Hospital and Medical Center, Portland, Ore.; **Douglas M. DeLong,** Mary Imogene Bassett Hospital, Cooperstown, N.Y.; **Eric L. Dean,** North Carolina Memorial Hospital, Chapel Hill; **Barry S. Dicicco,** Georgetown University Affiliated Hospitals, Washington, D.C.; **Frederick A. Dorr,** University of San Antonio Teaching Hospitals, San Antonio, Texas.

Elizabeth A. Eagle, internship deferred; **Melissa J. Eddy,** Duke University Medical Center, Durham; **Allen R. Edwards,** Medical Center Hospitals of South Carolina, Charleston, S.C.; **Charles E. Fayton,** Eastern Virginia Graduate Medical School, Norfolk, Va.; **John V. Ferguson,** Charlotte Memorial Hospital, Charlotte; **Robert E. Finch,** Medical College of Virginia, Richmond; **Ellen R. Fitzgerald,** North Carolina Memorial Hospital, Chapel Hill; **Sharon M. Foster,** North Carolina Memorial Hospital, Chapel Hill; **Ira R. Friedlander,** University of Chicago Hospitals and Clinics, Chicago.

Michael S. Garrison, New Hanover Memorial Hospital, Wilmington; **David L. Gaston Jr.,** Henry Ford

Hospital, Detroit; **Gregory M. Gillette,** Medical Center Hospitals of South Carolina, Charleston; **Mark D. Glenn,** Duke Univeristy Medical Center, Durham; **Robin T. Goodwin,** William Shands Teaching Hospital, Gainesville, Fla.; **Michael S. Gurney,** National Naval Medical Center, Bethesda, Md.; **William C. Haden Jr.,** Eugene Talmadge Memorial Hospital, Augusta, Ga.; **Andrew E. Haven,** Duke Univeristy Medical Center, Durham; **Glenn Harman,** West Virginia University Medical Center, Morgantown; **Cynthia L. Harrell,** Eugene Talmadge Memorial Hospital, Augusta, Ga.

Richard M. Harrell, Univeristy of Minnesota Hospitals, Minneapolis; **Charles O. Harris,** Duke University Medical Center, Durham; **David Henderson,** Eastern Virginia Graduate Medical School, Norfolk; **Robert A. Herrin,** North Carolina Memorial Hospital, Chapel Hill; **Patricia K. Hill,** Medical Center Hospitals of South Carolina, Charleston; **Michele A. Hines,** University of Louisville Affiliated Hospitals, Louisville; **Thomas R. Hinson Jr.,** North Carolina Baptist Hospital, Winston-Salem; **Lawrence H. Hooper Jr.,** University of Utah Affiliated Hospitals, Salt Lake City; **Henry J. Horacek,** North Carolina Memorial Hospital, Chapel Hill.

Ronald C. Huffman, Spartanburg General Hospital, Spartanburg, S.C.; **Carla H. Ingold,** Duke University Medical Center, Durham; **Judy S. Jordan,** Louisiana State University Affiliated Hospitals, Shreveport, La.; **Kent M. Kalina,** North Carolina Memorial Hospital, Chapel Hill; **Anne T. Keifer,** Hershey Medical Center, Hershey, Pa.; **John C. Keifer,** Hershey Medical Center, Hershey, Pa.; **Roger K. Kerley,** University of Alabama Medical Center, Birmingham; **Richard E. Kinard,** University of Colorado Affiliated Hospitals, Denver; **Alywin E. Kluttz,** Pitt County Memorial Hospital, Greenville; **David W. Kohl,** Dartmouth-Hitchcock Center, Hanover, N.H.; **John C. Koomen,** Vanderbilt University Affiliated Hospitals, Nashville; **Steven Krumholz,** University of Chicago Hospitals and Clinics, Chicago; **John Lafferty,** Blodgett Memorial Medical Center, Grand Rapids, Mich.; **Alfred B. Little,** Moses H. Cone Memorial Hospital, Greensboro; **Stephen S. Logue,** University of Virginia Hospital, Charlottesville; **Kenneth M. Lovette,** New Hanover Memorial Hospital, Wilmington; **Charles E. Lownes,** Moses H. Cone Memorial Hospital, Greensboro; **John J. Marks,** Jacksonville Health Education Programs, Jacksonville, Fla.; **Larry P. McGinness,** Indiana University Medical Center, Indianapolis, Ind.; **Julia E. McMurray,** Montefiore Hospital and Medical Center, N.Y.; **Walter V. Meadors Jr.,** Kessler USAF Medical Center, Biloxi, Miss.; **Darlyne Menscer,** Charlotte Memorial Hospital, Charlotte; **Glenndale Moore,** City of Memphis Hospitals, Memphis, Tenn.

Lawrence C. Mohr, Walter Reed Army Medical Center, Washington, D.C.; **Lucy A. Nunnally,** University of Chicago Hospitals and Clinics, Chicago; **Harold P. Overcash,** University of South Florida Affiliated Hospitals, Tampa; **Christian E. Paletta,** Grady Memorial Hospital, Atlanta; **Susan Pate,** North Carolina Baptist Hospital, Winston-Salem,; **Lawrence H. Pearson,** Eastern Virginia Graduate Medical School, Norfolk; **James G. Peden Jr.,** Charleston Area Medical Center, Charleston, W. Va.; **Cort A. Pederson,** internship deferred; **Charles A. Peters II,** Williamsport Hospital, Williamsport, Pa.

Herbert W. Plimpton, Hershey Medical Center, Hershey, Pa.; **Thomas Prebble,** Presbyterian-St. Luke's Hospital, Chicago; **Joe B. Putnam Jr.,** Johns Hopkins Hospital, Baltimore; **David R. Raper,** St. Elizabeth Hospital Medical Center, Youngstown, Ohio; **Alan M. Rauch,** University of California at Davis, Sacramento Medical Center; **Veronica J. Ray,** SUNY at Stony Brook Affiliated Hospitals, Stony Brook, N.Y.; **Charles N. Reed,** Charlotte Memorial Hospital, Charlotte; **John M. Rowles,** North Carolina Memorial Hospital, Chapel Hill; **James L. Sanderford Jr.,** North Carolina Memorial Hospital, Chapel Hill; **Natalie L. Sanders,** Massachusetts General Hospital, Boston; **Robert A. Scarr,** Virginia Mason Hospital, Seattle; **Mary C. Schumacher,** Boston City Hospital, Boston; **Kenneth A. Sharpe,** Ochsner Foundation, New Orleans.

Steven R. Sherwin, New York University Medical Center, New York; **David M. Siegel,** University of Rochester Associated Hospitals, Rochester; **Richard L. Sigmon Jr.,** North Carolina Memorial Hospital, Chapel Hill; **Barbara A. Slade,** Grady Memorial Hospital, Atlanta; **Jeffrey A. Smith,** Medical College of Virginia, Richmond; **Theresa A. Steeper,** University of Minnesota Hospitals, Minneapolis; **William L. Stewart,** University of Alabama Medical Center, Birmingham; **Robert M. Stiegel,** North Carolina Memorial Hospital, Chapel Hill; **Margery S. Sved,** Medical Center Hospitals of South Carolina, Charleston.

Frances R. Thomas, Northwestern University Medical School, Chicago; **Hubert H. Thomason Jr.,** University of Colorado Affiliated Hospitals, Denver; **Douglas B. Thomason,** Geisinger Medical Center, Danville, Va.; **Ross W. Tye,** Letterman Army Medical Center, San Francisco; **Paul A. Vadnais,** Wilford Hall USAF Medical Center, San Antonio, Texas; **Lynn E. Wesson,** North Carolina Memorial Hospital, Chapel Hill; **Anita S. Westafer,** North Carolina Memorial Hospital, Chapel Hill; **John M. Westafer,** Pensacola Education Program, Pensacola, Fla.

Mack W. White III, Charlotte Memorial Hospital, Charlotte; **Gary T. Whitlock III,** Charlotte Memorial Hospital, Charlotte; **Claude Whitworth,** Hennepin County General Hospital, Minneapolis; **Charles W. Williams Jr.,** Los Angeles County Harbor Hospital, UCLA Medical Center, Los Angeles; **Dixon C. Williams,** Roanoke Memorial Hospital, Roanoke, Va.; **Larry T. Williams,** Wilford Hall USAF Medical Center, San Antonio, Texas; **Robert S. Williams,** Medical Center Hospitals of South Carolina, Charleston; **Leonard S. Wojnowich,** Grady Memorial Hospital, Atlanta; **Paul R. Woodard,** North Carolina Memorial Hospital, Chapel Hill; **Norman F. Woodlief,** Mary Imogene Bassett Hospital, Cooperstown, N.Y.; **Ossian B. Wynn,** Medical College of Ohio-Toledo Associated Hospitals, Toledo.

Basic sciences graduates 39

Thirty-nine students graduated from the basic science departments in the School of Medicine, receiving master's degrees or doctorates. The graduates are:

Anatomy: Aileen S. Heritage, Ph.D. **Bacteriology and Immunology:** Lora B. Babcock, M.S.; Elizabeth A. Brownridge, M.S.; Edward G. Calamai, Ph.D.; Judy A. Daly, M.S.; Elizabeth B. Holbrook, M.S.; Yung T. Huang, M.S.; Nancy C. Kan, Ph.D.; Lewis L. Lanier, Ph.D.; Joel Mandelkorn, M.S.; Robert M. McCormac, M.S.; Carol J. Muster, Ph.D.; Katherine S. Pryzwansky, Ph.D.; Mary J. Saddler, M.S.; Thomas E. Sox Jr., Ph.D.

Biochemistry and Nutrition: Dennis E. Freer, Ph.D.; Peggy M. Hale, Ph.D.; Charles T. Hodges, Ph.D.; Nicolas J. Kotite, Ph.D.; Frederick C. Kull, Ph.D.; Louis F. Levinger, Ph.D.; Dana N. McKinley, Ph.D.; Diane M. Rider, Ph.D.; James R. Shipe, Ph.D.

Pathology: William K. Kaufmann, Ph.D.; Fernando A. Santos, Ph.D. **Pharmacology:** Monroe J. Stutts, Ph.D.; Kenneth B. Touw, Ph.D.; Jennifer L. Van Anda, Ph.D.; Walker R. Wharton, Ph.D. Physiology: Sally O. Isaacs, M.S.

Neurobiology: Keith A. Carson, Ph.D.; Martha L. Elka, Ph.D.; Julie A. Weisberg, Ph.D. **Biomedical Engineering and Math:** Robert R. Harry, Ph.D.; Lynn T. Kinch, M.S.; Stanley A. Wilkins, M.S.; Stephen P. Williams, M.S.; Charles J. Woodley, Ph.D.

Class notes

Manning-Berryhill Club

Irvine M. Boykin, '12, lives in Rembert, S.C., where he returned after retiring in 1950 as chief surgeon from the Episcopal Hospital in Philadelphia. Boykin graduated from Thomas Jefferson University Medical School in 1914.

After more than 33 years in public health, **Cameron F. McRae, '33,** retired in June. He spent the last 15 years as the Broome County, New York Commissioner of Health.

'40's

George A. McLemore, '46, says he enjoys practicing in New York City. He recently saw classmate **Dexter T. Witherington, '46,** at a Harvard Medical School reunion.

The 13 years since **Charles E. Flowers Jr., '43,** left Chapel Hill has been time well spent. A former chairman of the ob-gyn department at Baylor, he is professor and chairman at the University of Alabama in Birmingham where he was recently elected to honorary membership in the alumni association. His department has won the "Best Clinical Teaching Department" award for five consecutive years. Other departmental successes include involvement in clinical trials of 3- and 6-month injectable contraceptives. Two years ago, he says former residents gave him "the biggest honor of my life" when they formed the Charles E. Flowers Jr. Society. Flowers is editor of *The Journal of Continuing Education in Obstetrics and Gynecology* and recently published a book, *A Woman Talks to Her Doctor.*

60's

William W. Morgan, '61, of Asheville, says things haven't been the same since he appeared on NBC's "Lifeline" series last fall. His televised surgery on a sunken chest has prompted more than 100 inquiries, from as far away as England. Before the program, Morgan says he treated only 25 cases of the deformity a year.

Jerry J. Eller, '62, is director of pediatrics at the J. O. Brooks Health Education Center in Hamilton, Ala.

Chet W. Taylor, Jr. '63, says "aloha" from Hawaii, where he is on the faculty at the University of Hawaii School of Medicine and director of the Hawaii Windward Community Mental Health Center. Taylor, who is still in private practice, invites his classmates who are in the area to stop by on the beach at Kailua.

David R. Williams, '63, is the new president of the N.C. Pediatric Society and the N.C. Chapter of the American Academy of Pediatrics. He is in group practice with three other physicians in Thomasville, where he, wife June, and their three children have moved into a new home. Williams also is chairman of the Davidson County Board of Health.

Charles O. Boyette, '61, of Belhaven, was one of eight physicians recognized as runners up for the title "National Family Doctor of the Year" as determined by Good Housekeeping Magazine and the American Academy of Family Physicians.

70's

Mary Dawn Herring-Edwards, '70, says she's working part-time at the Alleghany County Health Department in Pittsburgh when she's not taking care of daughter Leah. Husband David, '71, (Ph.D. in biochemistry), recently took a pharmacology position at the Univeristy of Pittsburgh School of Dentistry.

David W. Ortbals, HS '72-73, was board certified in infectious diseases June, 1978 and elected to a fellowship in the American College of Physicians in March. He has been in private practice in internal medicine and infectious diseases in St. Louis since June, 1977.

Robert L. Penn, HS '73-76, is an assistant professor in the department of medicine, infectious diseases section, at the Louisiana State University School of Medicine in Shreveport.

Clyde Nolan Jr., '74, has joined Emmett Lupton and John Hall in a dermatology practice in Greensboro.

David F. Silver, '76, and wife Teresa have returned to North Carolina where he is a staff psychiatrist at the Blue Ridge Community Health Center in Asheville. He had been a resident in psychiatry at the Dartmouth Medical School.

David Hershey Hopper, '76, and wife Liza are expecting their first child in December. They spent two months this summer in Korea where they worked at the Presbyterian Medical Center in Chonju. In August, they returned to Princeton, W.Va., to set up a practice.

Sam Selden, '77, is doing a residency in dermatology at Ohio State University School of Medicine.

Jeffrey A. Margolis, '78, says he's staying at Baptist Memorial Hospital in Memphis, Tenn., for a residency in internal medicine.

Janice E. Barron, '78, is in the department of ophthalmology at the Cullen Eye Institute, Baylor College of Medicine, in Houston.

Stuart C. Segerman, '78, is a resident in pediatrics at Grady Memorial Hospital, Emory University School of Medicine, in Atlanta.

George C. Venters, '71, David A. Rendleman, '70, George S. Edwards, '57, and Paul L. Burroughs, '66, have found a new location for their bone and joint surgery clinic at 3140 Executive Drive, Raleigh.

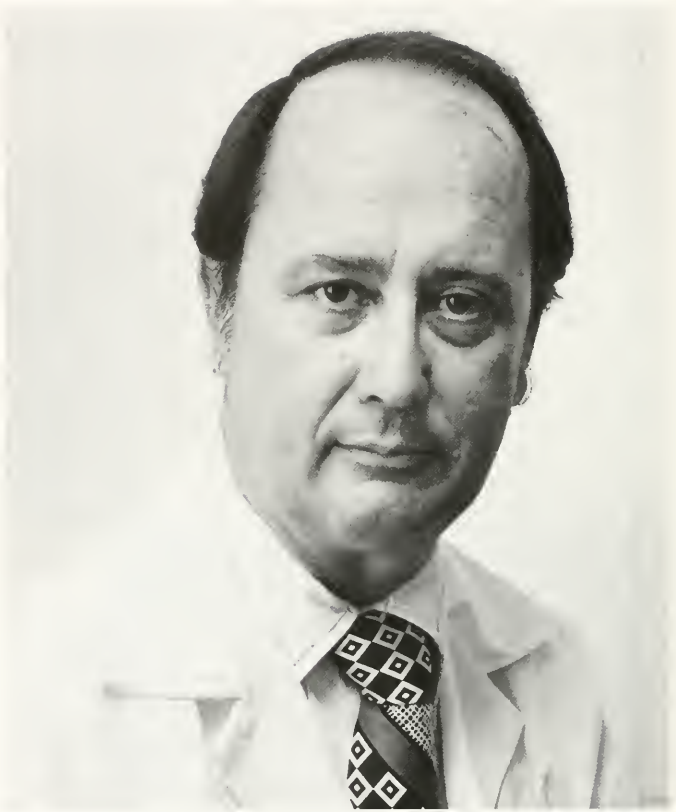
Joseph Konde, '76, returned to his native Zaire in mid-June to become the only doctor in a 130-bed missionary hospital four hours outside of the nation's capital of Kinshasa. He says he hopes his colleagues in the United States will donate old laboratory equipment, surgical instruments, drug samples and any other items that would be useful to a doctor.

Harold H. Cameron, '70, recently completed his fellowship in neuro-ophthalmology and is practicing ophthalmology with the Kauai Medical Group in Lihue, Hawaii.

Composite photographs of the classes of 1978 and 1979 are available through the alumni office in MacNider Building.

Comments

From the Office of Continuing Medical Education and Alumni Affairs



The School of Medicine enters its 101st year with a new vigor and sense of challenge. There is a strong sense of re-evaluation and desire to restructure curriculum and programs where necessary and to strengthen those activities which do not appear to need major change.

Perhaps a measure of this activity and sense of anticipation is a natural part of the self-assessment with the change in leadership as our new dean assumes the reins. Certainly there is a careful review of many areas of activity and this is good. At the same time, problems arise as a result of this self-evaluation. Inevitably, as one looks critically at performance and results, new challenges and needs become apparent.

During the next several months it will become increasingly apparent where the most critical needs are. Undoubtedly, some of these will be translatable into personnel requirements, financial support, physical plant changes and construction. Hopefully, though, we will be able to define ways we can provide additional help and more appropriate service to the people of North Carolina and to the medical profession.

Regardless of how these evaluations are ultimately assessed, it is obvious that the School of Medicine will need the support of its alumni and friends. This support will be required in translating the school's efforts and needs to the people of the state, philanthropic organizations, individuals who may be able to provide monetary gifts or bequests and appropriate members of our state legislature. Many programs developed within the School of Medicine reach a measure of success only as they gain the recognition of the public. In this, the alumni can play a key role. Monetary support from its alumni is important. Granting agencies, philanthropic organizations and those in a position to provide private support often review critically not only the amount but the proportion of alumni donors in making decisions concerning support. Therefore, the amount of alumni support is of importance, but just as critical is the percentage of alumni giving. Those schools demonstrating a high level of alumni support are more often perceived as conducting successful and innovative programs. In brief—everybody likes to back a winner. The School of Medicine of the University of North Carolina at Chapel Hill is a winner—thanks to its dedicated faculty, administration, staff personnel and its loyal alumni.

We are proud that we are able to have nationally recognized medical educators such as Dr. Chris Fordham as vice chancellor of health affairs, Dr. Phil Manire as dean of the Graduate School and a national leader, Dr. Stuart Bondurant, as dean of the School of Medicine. As loyal alumni, let's show our support of these leaders and our school in a stronger way than ever.

—William B. Wood, M.D.
Director

Calendar

September

27-28	"Second Trimester Abortion: Perspectives After a Decade of Experience," Carolina Inn
29	"Update in Ophthalmology," Berryhill Hall
	"Consortium for Continuing Medical Education in Dermatology," the Capitol Hilton, Washington, D.C.
	North Carolina Society of Cytology Meeting, the Hyatt House, Winston-Salem

October

5	UNC Medical Alumni Association, Visiting Committee Meeting
6	UNC Medical Alumni Association, Fall Council Meeting
19-20	North Carolina Society of Internal Medicine Meeting, Grove Park Inn, Asheville
22-23	"Correlations in Ischemic Heart Disease," sponsored by the American College of Cardiologists
27-28	"Update in Obstetrics-Gynecology," The Blockade Runner, Wrightsville Beach
	AMA Regional Meeting, Great Smokies Hilton, Asheville

November

3	Medical Parents Day
16-17	"Interactional Skills in Medical Practice," Carolina Inn

December

11-12	Physical Therapy Workshop, "Biomechanics"
13-14	Physical Therapy Workshop, "The Shoulder Girdle"
TBA	"Management Essentials for the New Physician: A Practice Management Seminar"
Jan. 9 -Feb. 3	First District Medical Society of North Carolina Postgraduate Course, Ahoskie, Elizabeth City and Edenton

CELEBRATING 100 YEARS OF MEDICAL EDUCATION AT CHAPEL HILL

"The First Hundred Years" • The Alumni Directory
The Centennial Coin

Especially for those associated with the UNC School of Medicine, an elegant two-volume history/alumni directory and a silver centennial coin are now available in recognition of 100 years of medical education at Chapel Hill.

The two-volume set, contains 70 nostalgic photographs of the people and places that made up the school's first hundred years. The directory is a complete listing of medical alumni and former NCMH housestaff and includes class photographs dating from the early 1900's.

The matching hardcover bindings and fitted slipcase make it a lasting and practical keepsake to be used and treasured for years to come. The .999 silver centennial coin comes in an attractive presentation case and makes a perfect companion piece to the bookset.

Treat yourself or give them as a very special gift. Only $40.00 for the two-volume bookset and $30.00 for the specially struck centennial coin. Both are available from the Medical Alumni Association, 318 McNider Hall.

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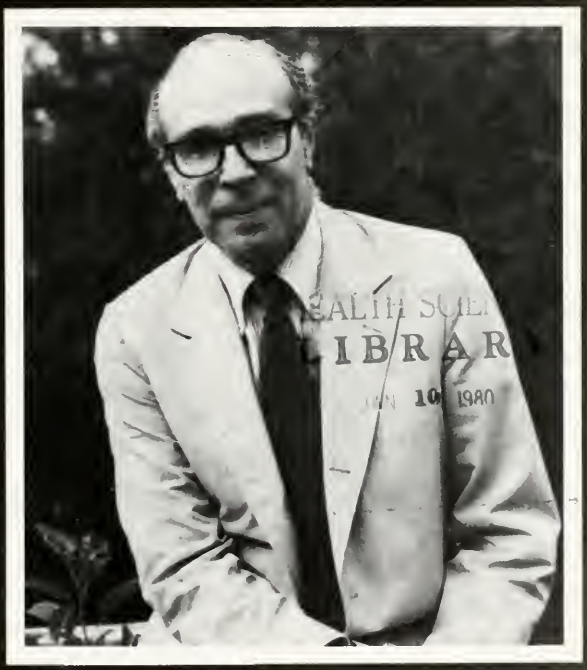
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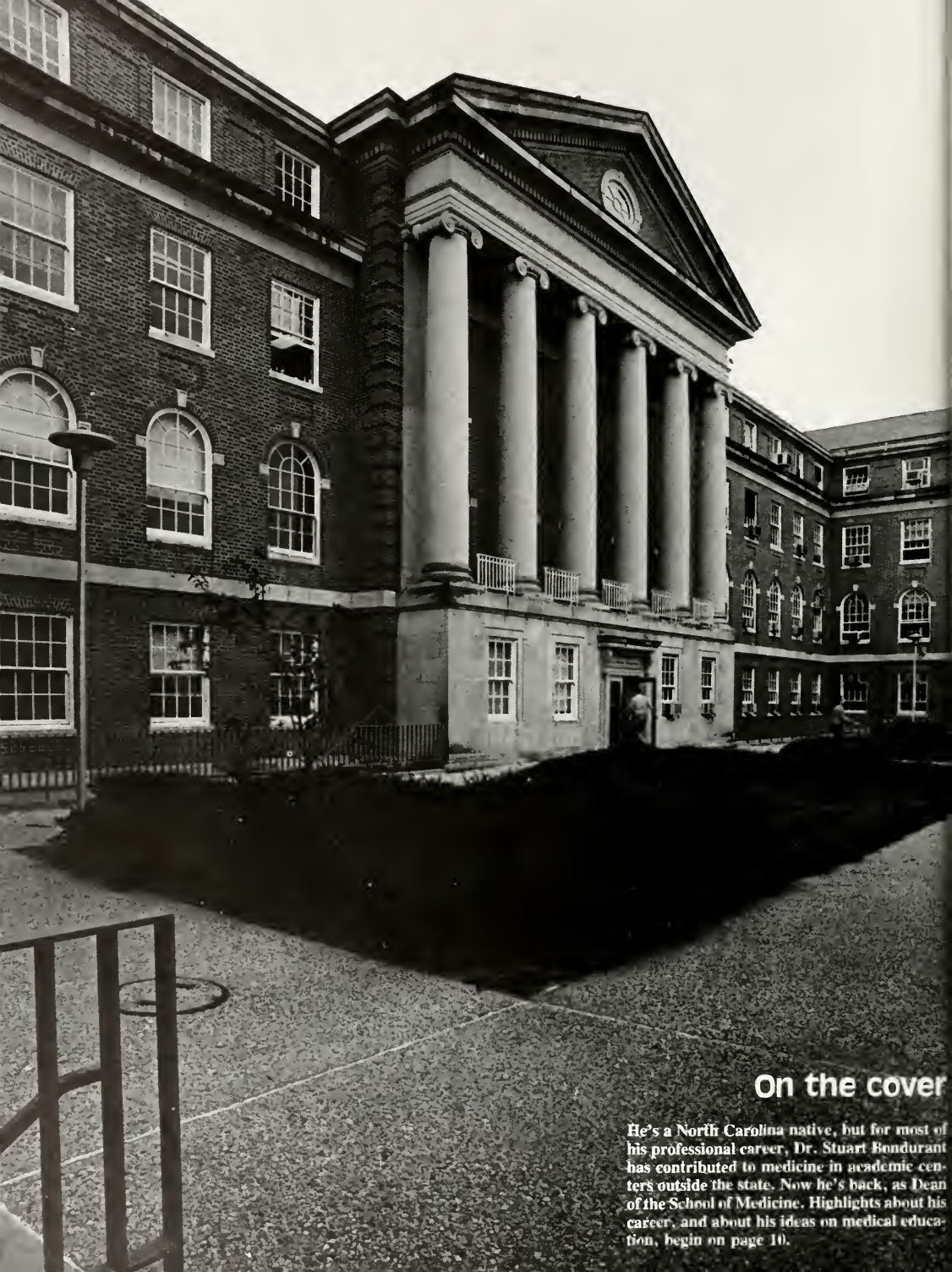
Dr. Stuart Bondurant
The School of Medicine's
Tenth Dean



On the cover

He's a North Carolina native, but for most of his professional career, Dr. Stuart Bondurant has contributed to medicine in academic centers outside the state. Now he's back, as Dean of the School of Medicine. Highlights about his career, and about his ideas on medical education, begin on page 10.

Medical Alumni Bulletin

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Behind the lines

If all indications are right, it looks like a busy year ahead for the Medical Alumni Association.

The October meetings of the MAA Council and Visiting Committee gave members an opportunity to meet with Dean Stuart Bondurant, who briefed them on issues facing the school. He also left them with a clear message: Alumni participation and point of view are welcome and important to the new dean, who will seek their support.

This same theme was also present in the district meetings that have been held throughout the state as Dr. Bondurant spoke about the future of medical education, and the role of the School of Medicine in meeting the needs of the state community. If high attendance at the meetings so far is an indication of things to come, alumni involvement will be increasingly strong. More district meetings are planned.

Dr. Bondurant recently took time from a busy schedule for an interview included in this issue which will introduce him to all alumni. He discusses some important areas of medical education, and highlights some of the high points in his career.

Elsewhere inside is a bit of nostalgia for physicians, who can perhaps read a little of themselves into a story about a day in the life of a third-year medical student as he learns to deal with the life and death issues of medicine.

And we've taken a look at a sophisticated element of a medical center hospital not seen by most patients but impacting on the health care of many—hospital laboratories. Dr. William W. McLendon, '56, director of hospital laboratories at North Carolina Memorial Hospital, discusses laboratory medicine, one of the fastest growing patient services.

A reminder: Alumni weekend isn't far away. Members will be receiving information about the events scheduled for the March 28-29 annual Spring event.

—KCB

Hospital labs make their mark on patient care

Laboratory medicine has become an indispensable part of patient care, assisting physicians in diagnosing diseases and monitoring treatment. At North Carolina Memorial Hospital, laboratory medicine is one of the fastest growing patient services, in terms of both volume and diversification of procedures.

The Department of Hospital Laboratories consists of five major areas: Blood Bank, Clinical Chemistry, Clinical Coagulation, Clinical Microbiology and Hematology. In the past fiscal year, the 300 employees of these labs and their specialty sub-sections performed 1,641,650 procedures and generated $9.5 million in revenue for the institution.

Dr. William McLendon, '56, chairman of the department of hospital laboratories, recently discussed the expanding role of the laboratories in patient care and the future of laboratory medicine.

What is the role of the modern clinical laboratory?

Clinical laboratories have developed over the last 30 years in a rather explosive fashion as new diagnostic procedures and therapeutic approaches have come out of research labs. It is the challenge of the clinical labs to help adapt them to medical practice.

In the past, clinical labs were used almost entirely for diagnosis. But now, one of the fastest growing areas is the development of drug level analyses and various indirect ways to monitor drug therapy. Prognosis or prediction of the course of disease is also part of what we do.

Do our laboratories here provide services for every patient who comes to the hospital?

Every inpatient has the basic urinalysis and blood counts and almost all of them have some chemistry studies. On outpatients, I would say almost a third of them are likely to have some contact with the labs on any one visit.

Many patients who come in for repetitive or follow-up treatment don't need tests every time, but for an increasing number—those who come regularly for chemotherapy, for instance—lab results are required each time they come in. And one of the real challenges for us continues to be working out mechanisms for getting the blood specimen to us and getting the results out while the patient is still waiting, so the physician can determine the next drug dosage.

Exactly how do the labs contribute to the therapy of individual patients?

As an example, cancer patients may be undergoing treatment with a combination of drugs. In order to tell how effective the treatment is, the physician will ask the patient how he feels and will examine him. But both may be misleading, because the patient is likely to feel worse during the time he's taking these very potent drugs and the physical changes may be minimal.

So that's where the laboratory comes in, by revealing what is happening to the patient and his disease.

We do that in two ways. First, we can measure the blood level of some commonly given drugs. If the level is too low, then the patient probably isn't getting much benefit. If it's too high, he may have harmful side effects.

The other way we monitor therapy is to look at what a particular drug is doing to something we can measure in the blood. For instance, in the treatment of leukemia, we can see if the number of leukemic cells is decreasing. At the same time, we can monitor other components in the blood to make sure they don't get too low and put the patient at risk of infection or hemorrhage. It's a question of balancing the effect of the drug on the disease against its effect on the patient's normal defense mechanism.

How accurate and reliable are clinical laboratory tests?

It varies quite a bit, depending on the particular test.

There are two measures that we use: accuracy, or how close we are to the actual amount present, and precision, meaning the consistency of test results. In our quality control effort, we have samples with known amounts of materials which we can test every time we run an unknown sample, just to make sure we are getting accurate and precise results. We also frequently compare our re-

Above top, Dr. William McLendon, chairman of the hospital laboratories. Directly above and at right are examples of medical laboratory professionals at North Carolina Memorial Hospital working to find results to tests, important to providing good patient care.

sults with other labs throughout the country through national quality control programs.

In some of the chemistry procedures, we can reproduce to within one percent precision on a day-to-day basis. In other areas, we may be talking about a 20 percent variation. And most clinicians get a feel for this, so they have a pretty good idea of how reliable each test result is likely to be.

In many fields, there is a constant struggle to interpret and effectively use the massive amounts of information made available by rapidly developing technology. Is this a problem in laboratory medicine?

Very definitely. One of the problems we have is that physicians sometimes read too much into the numbers we give them. Physicians see the numbers come out and they look specific, so they take them at face value. They may have too much faith in it. On the other side, some may have too little confidence in laboratory results. We may be able to do a better job than they think. So one of our jobs in teaching is to let them know how much information is really there.

Do physicians tend to over-utilize or under-utilize the laboratories?

There's no question that over-utilization of labs is a problem, not just here, but all over the country.

This is due to a number of factors. Because doctors are conscious of malpractice suits, the trend nationally has been to protect themselves by ordering X-rays and laboratory procedures to make sure they haven't overlooked something. Another factor may be that the novelty and excitement over new technology may lead to the ordering of an excessive number of tests.

In a teaching institution such as this, young physicians in training tend to be less secure about what they're doing and tend to order more tests. As part of the training situation, I think it's justified that more tests are ordered, to show young doctors what various tests will reveal.

We do a much greater number of tests per patient than the average community hospital. That's partly due to the teaching function, but we must also realize that it's very much due to the fact that we have very sick patients here who are receiving very potent therapies and need to be monitored closely.

My concern is that with all the emphasis on over-utilization, it's easy to forget that there can be under-utilization, too. Every day, we see that if the correct test or another test had been done, it would have yielded a lot of useful information. What we need to encourage is *proper utilization* of the labs.

Should physicians consider the cost to the patient in deciding which tests to order?

We try to stress cost consciousness in orientation sessions with residents and by making the cost of various tests known. In talking with individual physicians, we try to recommend procedures or groups of procedures that will give them the most information for the least amount of money.

Rather than starting with dozens of tests—the shotgun approach—we now try to pick out the few that may reveal the most. Then, if more information is still needed, the physician can always order additional tests.

Do you feel the labs are doing a good job of reporting test results to the physicians who need them?

This is our major problem right now, the handling of information. I'd say we are now a third to a half way toward implementing our total laboratory information system. This system will enable us to get requests for tests more quickly, to process them and report the results to the physicians in a more efficient and timely fashion.

We now have computers in the microbiology labs, and that system is working quite well. One of our priorities is to have computer terminals in the ICUs and in some of the clinics, such as the oncology clinic, where the need for immediate test results is most urgent.

This is one area into which we're putting a tremendous amount of effort in the next year. We are recruiting a full-time director of laboratory computing, someone trained in both laboratory medicine and computers, and we think that person can help us focus on this and solve this problem. The hospital is also giving us their full support to solve this major problem.

Will the laboratories be experiencing any physical growth in the near future?

With the opening of the Patient Support Facility next year, most of our major labs will be consolidated and we will have twice as much floor space. Lab central and the computer services will be in the center of the complex, with most of the labs radiating from that hub. We will be able to have a much more efficient operation by having all these labs together, in addition to finally having adequate space to put our people and equipment.

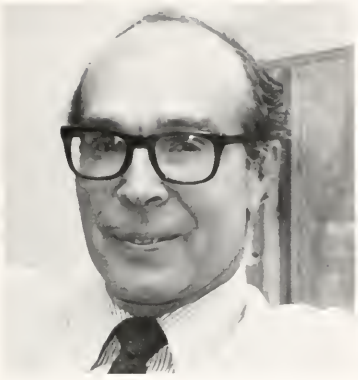
When the Critical Care Center is built in a few years, that will provide more space for some of our smaller labs.

What is on the horizon for clinical laboratory medicine?

I think we are reaching a plateau in the explosive growth we've been experiencing. From a technological standpoint, I don't see that we'll be growing at the same rate. And probably more important, from the cost containment standpoint, we're going to have to be more selective in the lab tests we do.

I think we will begin to get much more involved in consultative and interpretive laboratory reporting, working with the physician to put the data together in a more meaningful way. Rather than just grinding out numbers, there will be much more effort to try to look at the numbers and what they really mean and present them to the physician in a way that makes it easier for him to make a decision. Thus, teaching of laboratory medicine will be a major focus in coming years.

We will also experience some changes in the types of procedures we do in many of the laboratory areas. And as methodologies improve, we will be able to do these procedures faster, more efficiently and more accurately. □



214 MacNider

In a sense, academic institutions are seasonally countercyclical in that fall is the time of recommitment, renewal, the sowing of seeds and the excitement of early growth of new knowledge, skills and relationships. It has been a remarkable experience to participate in this year's autumnal renaissance of the School of Medicine.

The trauma of beginning medical school is softened to a great degree by the thoughtful orientation for new students provided by the Whitehead Society and students in the upper classes. Second year students move confidently into their curriculum, while third year students have perhaps the most exciting and difficult transition as they begin to assume clinical responsibility under supervision. The house staff has passed through their mid-summer shake down cruise, though this year more than ever, the intensity of clinical activity continued unabated through the summer.

The imagination and initiative of the faculty finds expression in new projects and proposals for education, research and patient care. Across the Dean's desk comes a stream of applications for grants to provide support for the evolution of new ideas and new work. The range of these proposals—from truly basic science through clinical investigation to health care systems research—is awesome and the power of some of the concepts offers the possibility of exciting improvement in our ability to meet the health care needs of our people.

The AHEC system with the creative leadership of Gene Mayer does not rest on its well-rounded laurels, but is developing and putting in place a plan of action for the next five years—to assure its continuing and growing effectiveness in dispersing medical education and linking the systems of health care education and health care.

The Centers thrive as they respond to their own special opportunities. The North Carolina Jaycee Burn Center continues its immensely important service while awaiting the move into new facilities which will even further enhance its patient care, teaching and research effectiveness. The Cancer Research Center has underway important work in immunologic and genetic aspects of oncology and it is now strengthening its programs of clinical oncology in part by increasing participation of practicing physicians and oncologists. The planning for the new Cancer Research Building is entering the homestretch.

This fall I have had the great pleasure of meeting alumni at gatherings in Wilson, Winston-Salem, and, most recently, Charlotte. I look forward to meeting with alumni in all parts of the state and learning your perspectives on the future of our school.

Stuart C. Sanford

Learning about the human side of disease

"During the first two years, you're just trying to amass as many facts as possible. They're disjointed facts that you really can't combine into a cohesive whole, can't figure out their relevance . . . But starting in the third year, you put it all together. . . ."
—Steve Cline, third-year medical student from Lenoir

He had listened to lectures on it and read about it in *Principles of Internal Medicine;* but when Steve Cline walked into a patient's room one Tuesday afternoon, colon cancer took on a whole new meaning.

To him, a man's cancer would be a tool of learning. And through it, as a third-year medical student, he would learn about medicine and life.

Cline finished rounds that morning with the rest of the team on the second-floor of Gravely, where he was on a four-week general medicine rotation. He walked down the halls with three other medical students, three residents and an intern, discussing diagnoses and treatment.

Cline joined the huddles around the beds of an 80-year-old man suffering from profuse diarrhea because of a pancreatic tumor, an alcoholic woman whose sodium levels were plunging with her life, and a woman who finally agreed to seek psychiatric help after the team could find nothing physically wrong with her.

Although none of these patients were his, he listened to the presenta-

While looking at X-rays of his patient, third-year student Steve Cline suspects colon cancer. But when talking with the patient, he learns a more human side of medicine.

tions and joined in the discussions. Tomorrow he would present his patient to the team.

A thin-faced black man with wirey white hair had just changed into his cotton hospital pajamas when Cline walked into his room at 2 p.m. The retired blueberry farmer and railroad worker looked younger than his 71 years. He looked healthy, but his family doctor reported that he had lost about 60 pounds in only a few months.

The patient jumped up to sit on the edge of the bed, enthusiastically undoing his gown even before he was told what was going to happen.

Cline knew his patient was suspected of having colon cancer. Before entering the patient's room, he studied, absorbing all he could in one hour, jotting down notes so he could ask relevant questions.

Smiling during most of the interview, the patient seemed to be in good spirits, talking about his family, his life and his work. But when he started describing his bloody stools and abdominal pains, it was clear he was concerned with what might be wrong.

Together they would learn.

"As a third-year medical student, you don't know as much as the others on the team, so you do things for the patient, like listening to them, explaining things. Perhaps you get to know the patient better than the rest of the whole team. Even as a third-year student, you can do good for a patient."

A radiologist interrupted the interview, asking Cline to look at his patient's colon X-rays.

He got up to leave when the patient grabbed him: "Now you tell me if it's cancer, okay?"

Cline told him it was too early to tell.

But up against the light in the conference room across the hall, the X-rays showed an obvious obstruction in the colon. "Probably cancer," the radiologist said, but no one would know for sure until after surgery.

Cline looked down, shook his head and left to continue his patient's examination.

Breathing, pulse, reflexes, eyes...seemed to be fine, but when he palpated his patient's abdomen, it hurt.

Treating patients consumes much of Cline's time while he's on the floors, but the studying never stops.

"It's discouraging to me to hurt people to find out what's wrong. But sometimes that's the only way I have to learn."

After performing a rectal exam and drawing some blood, the examination was over.

By 7 p.m., after running to a one-hour cardiology lecture that began at 4 p.m., taking viles of blood to the labs, picking up chest X-rays and eating a quick dinner, Cline secluded himself in a cold, deserted room—ready to spend most of the night preparing his patient's report to present the next morning on attending rounds.

He called for lab results, referred to textbooks, checked the X-rays again, and asked a resident for advice about his patient. His head resting on the palm of his hand, Cline wrote until about 9:30 p.m.

As a favor to his resident, he collected the nightly glucose samples from diabetic patients and walked them over to the main hospital at 11:30 p.m.

By 11:45 p.m., Cline realized it was raining as he began a three-mile motorcycle ride home.

"Okay, Mr. Cline, what about Mr. A.?" asked the attending physician who led the group discussion during attending rounds the next morning.

Cline wiggled in his chair, recrossed hig legs and sat upright to give the details of his patient's medical history and the physical examination.

"Mr. A. is a 71-year-old black man with a history of blood in his stools for the past. . .a weight loss of about. . .colon X-rays show obstruction. . .," Cline reported pausing, looking at his notes, but being sure not to read.

"His history is compatible with colon cancer—bleeding, tenesmus, weight loss. . . ."

"What about hemorrhoidal tags? Any cryptic inflammation? Why is he having a spleen scan? Okay, Mr. Cline, tell me what you think of the X-rays?. . .Don't overinterpret. What is that area just to the right of the tracheal column? Tell me what your impressions are. What should be the next step of management?

"I don't like to play games with the patient's medical history and the already available information," the physician advised.

Cline sat there looking a litle disappointed, but later said he knew the criticism was constructive.

"Here they assume that you're doing the best you can, even though you don't always do things right."

"But Mr. Cline," the physician added, "I'm afraid you may be right about the cancer. I'll be curious to see what the radiologist has to say."

Cline's patient did have cancer, and as he later learned, it had spread beyond his colon to his liver and bones.

Two days later, Cline began all over again on another rotation, where he would learn all he could about neurology in four weeks.

What he learns comes hard and sometimes in unfathomable quantities, he said, but it's all worthwhile.

Steve Cline is learning how to be a doctor. □

Introducing the Dean

by John A. Kirkland

Fellow Alumni:

We are indeed happy that in choosing a new dean for the medical school, the selection committee, the chancellor, the president and the board of governors, have seen fit to name a native North Carolinian to succeed a long line of North Carolinians as dean. Dr. Stuart Bondurant succeeds a long line of native sons; Drs. Manning, Mangum, MacNider, Berryhill, Taylor and Fordham.

Dr. Bondurant was born in Winston-Salem. He did his undergraduate work at the University of North Carolina. He received his M.D. from Duke University School of Medicine in 1953. He remained there for his internship and assistant residency in the department of medicine. He also held a research fellowship in the department of medicine for one year. He then entered the United States Air Force as captain and was chief medical officer of the acceleration station of the aeromedical lab at Wright Patterson Air Force Base, Dayton, Ohio, for two years. He returned to the Peter Brigham Hospital in Boston, from 1958 to 1959, where he was senior resident physician. In 1959, he went to Indiana University School of Medicine and ascented through the ranks to professor of medicine. He took a leave of absence of one year and again returned to serve his country at the National Institutes of Health where he was chief of the medical branch and headed the artificial heart—myocardial infarction program from 1966-1967.

Dr. Bondurant then became professor and chairman of the department of medicine at Albany Medical College, Albany, N.Y. There he also served as physician-in-chief of Albany Medical Center Hospital and in 1974 was named president and dean of Albany Medical College where he served in this capacity until July 1979.

He has been an outstanding scientist and his membership in scientific organizations are too numerous to list here. He has held a number of positions with the National Institutes of Health, the American Heart Association and the American College of Physicians. His colleagues have recognized his outstanding ability and at the present time he is chairman of the Council of Deans of the Association of the American Medical Colleges and is president-elect of the prestigious American College of Physicians.

We have heard the expression, "A man's man, a doctor's doctor," but in Dr. Bondurant we have a Dean's Dean.

Distinguished honors bestowed upon Dr. Bondurant include the United States Air Force Award for meritorious civilian service, the distinguished alumnus award of the Duke University School of Medicine in 1974 and in 1979, the City of Albany gave him the distinction of being named Citizen Laureate. I think this demonstrates his ability to bring together the factions of town and gown. He has also been the author and co-author of some 40 scientific books and papers and an equal number of abstracts and presentations.

He brings to the University of North Carolina School of Medicine a distinguished background as a clinician, as a teacher, as a research scientist, and an able administrator.

We are happy that a little tar has stuck on his heels and that he has chosen to return to North Carolina to assume the deanship of the University of North Carolina School of Medicine at Chapel Hill. In meeting with the dean on a one-to-one basis and hearing him present his views about his position here and from remarks from several school members, I'm confident that Dr. Bondurant brings to us a concern for all groups of the medical school: the students, house staff, faculty and the alumni. His commitment to seeing that this continues as a great medical school is apparent and unquestioned. We welcome him with enthusiasm and wish him well.

John A. Kirkland, MD, '50,
President
Medical Alumni Association

A new dean leads the medical school into the future

"The School of Medicine has a destiny differen

More than 20 years ago, he was his own first human experimental subject riding a giant centrifuge, accelerating at the rate of a rocket, testing his heart and lungs, and learning what man could endure. His work became one of the significant contributions leading to the U.S. space age.

Today, Dr. Stuart Bondurant still looks to the future.

The new dean of the School of Medicine says health and medical care are changing in areas of need and expectation, complex areas he and the faculty must address as they choose the right direction in which to lead the school into the 1980s.

No one need worry. Bondurant returns to his native state an accomplished medical educator, researcher, administrator and national health figure. He is—a doer.

In a recent interview, he highlighted what he considers to be milestones in his own career as well as key areas that will influence the direction of medical education at the School of Medicine.

Early on, his was a career marked by turning points.

"As an undergraduate at Chapel Hill, my experience in the departments of chemistry, zoology, botany and sociology were among the things that convinced me to go into medicine," he says. His decision made, Bondurant intended to enter private practice in North Carolina. But medical professors at Duke University changed all that. "I became intrigued with academic medicine, teaching and research. Particularly, Drs. Eugene Stead and the late John Hickman made it very exciting. It seemed to be a way to contribute more."

His first faculty position was in 1959 at Indiana University, "then a medical school just beginning to develop the concept of serving the people of the state as well as being a highly research-oriented, classical academic institution. So I left an established academic institution to go to a state university which was developing outreach programs."

His interests grew, and Bondurant in 1967 became chairman of the department of medicine at Albany Medical College in New York. "I chose Albany because it was small, and I hoped I'd have time to remain active as a physician and investigator as well as be an administrator."

But under Bondurant's direction, Albany's department of medicine would change. From 1967 until 1974, the number of resident positions within his department increased from 12 to 70. He remembers, "It was an exciting time.

"I went because it was small, then became interested in the relationship with community hospitals and the dispersal of medical education into the community. So I helped to develop a network of hospitals with integrated residency programs, something like a micro-AHEC."

As if it were the obvious next step, in 1974 Bondurant became President and Dean at Albany. "That was certainly a turning point. It meant necessarily the immediate limiting of personal contact with students, residents and patients, and a much greater involvement with administration."

And the latest step, his move to the School of Medicine, was made for the "professional challenge of a great University and a great medical school." He says it's the broad range of excellence of its programs and a distinguished faculty that makes it "a very special place."

He might never have arrived here had a special interest lured him away, however: the space race. In the late 1950s, Bondurant studied the effects of humans in centrifuges to learn more about heart and lung behavior. The speed of his centrifuges created the same stresses as the acceleration of some rockets, and drew the interest of the Air Force, which was trying to learn how man could survive in space. For his work, he was decorated with the Air Force Award for Meritorious Civilian Service.

Bondurant today draws on his experience as a researcher, teacher, department chairman and physician-in-chief of a large hospital as the School of Medicine's top administrator. He is a member of numerous medical organizations, often serving as an adviser, officer or in some other leadership role. He is president-elect of the prestigious American College of Physicians. And, he is chairman of the Council of Deans of the Association of American Medical Colleges, a position formerly held by Dr. Christopher C. Fordham III, vice-chancellor for health affairs.

Given his background, he looks to the future, and to the changing role of medical schools.

"We will very soon have as many physicians as we need and will soon have a highly organized health care delivery system—though I don't mean a nationalized system—that will increasingly be involved with health care as well as medical care."

He describes health care in the broader sense, addressing such quality of life issues as housing and transportation, which can effect medical needs.

"The physician of 50 years ago

from others"

knew the quality of life of his patients very well indeed. The physician of the future must bring to bear on behalf of patients several special competences developed outside of clinical medicine, such as the social sciences, occupational medicine and environmental sciences."

Bondurant also says he expects "medical practice will be moving increasingly toward high levels of technology, and that it will tend to be simpler and less expensive, contrary to what many people believe." Bondurant draws from the ideas of Dr. Lewis Thomas, author of *Lives of a Cell,* in defining high technology: In a disease such as polio, "Middle-level technology is the iron lung. High technology is the vaccine."

"We are moving toward increasingly sophisticated medicine. As technology becomes perfected, it may become easier to disperse, and there may be a decreasing need to concentrate people in medical centers."

Because of these and other issues, Bondurant acknowledges that goals for the medical school must be thoughtfully planned. "One of the great strengths of medical education in our nation is the diversity of types of academic medical centers. I believe that the School of Medicine has a destiny different from others, and I look forward to working with the faculty, students and University administration to set its unique goals." □

Relaxing at home is Dr. Stuart Bondurant with his youngest daughter, Nancy.

Stuart and Peg Bondurant

Extracts

A fund to support research into the causes and treatment of infertility has been established in the department of obstetrics and gynecology in honor of a Raleigh physician. The Kenneth D. Dickinson Memorial Fund will be used to enhance teaching, research and patient care in areas of reproductive endocrinology and fertility in the medical school.

Mrs. Kenneth Dickinson and her son, Kenneth D. Dickinson II, both of Raleigh, established the fund in honor of Dr. Dickinson for his contributions to the health care of North Carolina women.

"Earnings from the fund will be an important asset for the support of research by young investigators and for support of innovative new programs prior to full outside funding," said Dr. Luther M. Talbert, chief of the department's division of reproductive endocrinology and fertility.

Dickinson was a Raleigh obstetrician-gynecologist who had a special interest in infertility. He practiced full-time from 1935 through 1947, and part-time for several years after.

He received his medical degree from the University of Minnesota, where he was member of Alpha Omega Alpha, the honorary medical fraternity. He was a Diplomate of the American Board of Obstetrics and Gynecology, a Fellow with the American College of Surgeons, and held memberships in the South Atlantic Association of Obstetricians and Gynecologists and the American Medical Association.

Dickinson was a member of several state and local health organizations, including the Wake County Medical Society, and was associated with several Raleigh hospitals before his death in 1964.

A dedicated physician, he taught courses to nursing students, authored numerous professional papers, and throughout his career, "always remained a student," Mrs. Dickinson said.

Contributions to the Kenneth D. Dickinson Memorial Fund may be made through the Medical Foundation of North Carolina, Inc.

Christopher C. Fordham, M.D., vice chancellor for health affairs, presented "*Trends in Medical Education in the United States*" June 12 at the International Conference on Trends in Medical Education: Denmark an the United States, in Recognition of the 500th Anniversary of the Copenhagen University. The conference, held June 11-13, was sponsored by the University of Copenhagen and the Josiah Macy Jr. Foundation.

John E. Burnett Jr., M.D., clinical assistant professor of obstetrics and gynecology, studied maternal health care systems in England during October as the 1979 Area Health Education Center traveling fellow. Sponsored by Wyeth Laboratories of Philadelphia, the AHEC traveling fellowship is part of an exchange program established in 1976 by Dr. Christopher C. Fordham III, and Dr. John Lister of the University of London.

Dr. Henry (Hank) Lesesne, associate professor of medicine, has a "bolt" of advice for the School of Medicine's first-year class: "Have an attitude of a humble servant in all that you do."

"You are going to be equipped with great power in the next four years as you become part of the healing process. You have to decide if you want to be a proud master or a humble servant for those you care for," Lesesne said in the annual Richard H. Whitehead Lecture.

With that attitude in mind, it should be easier to accept the challenge of smaller bits of advice he had for students during his lecture "The Nuts and Bolts of Medical Education": Realize that school is over and work has begun; make work a pleasant affair; respect and learn from teachers; respect and learn from classmates; and relax.

Dr. Richard P. McDonagh, 35, associate professor of pathology, and physiology, died at his home Wednesday, Sept. 12, following a brief illness.

McDonagh, a native of California, spent his entire career at UNC-CH where he had been a graduate teaching assistant, postdoctoral fellow, assistant professor and associate professor. He was an internationally known research scholar in diseases of thrombosis and hemostasis and had spent several years in laboratories abroad.

Dr. Rachel D. Davis, 74, a Lenoir County physician, Co-founder and supporter of fertility research at the School of Medicine, died Wednesday, Oct. 10, of a chronic illness at Lenoir Memorial Hospital.

Dr. George Himadi, 59, professor of radiology who had been named Professor of the Year twice by the senior class of the School of Medicine, died Monday, Sept. 10, at his home following an extended illness.

Himadi joined the faculty in 1969. A native of Ridgewood, N.J., Himadi attended Duke University and then its medical school, where he received his M.D. degree in 1944. At Duke he was a member of Phi Beta Kappa and Alpha Omega Alpha medical honorary.

Extracts

William G. Thomas, Ph.D., associate professor of surgery, was appointed chairman of the N.C. Department of Labor Occupational Safety and Health Advisory Council by N.C. Labor Commissioner John C. Brooks.

"Mutations are a large cost to society in terms of money and personal suffering," says a cancer researcher in the School of Medicine's Cancer Research Center. "It has been estimated that almost one half of hospital visits are because of genetic disorders."

That's why Dr. Michael Topal, assistant professor of pathology and biochemistry, is studying how environmental agents induce mutations.

With a $155,136 grant from the National Institutes of Health, he is studying what proven mutagenic chemicals do to DNA.

"By understanding how mistakes occur during the duplication and transfer of genetic information and how environmental agents act to aggravate the frequency of occurrence of these mistakes," Topal says, "we can better understand how nature maintains such a tremendously high accuracy standard. That is, we can better understand the process of passing information over and over again and still ending up with a correctly functioning human being."

Doctors at the School of Medicine's Clinical Research Unit are replacing insulin therapy with a high-protein diet to control the blood-sugar levels in obese, adult diabetics.

Several patients 50 to 100 pounds overweight who normally require insulin have been taken off the medication and placed on the diet with good results, the doctors say.

Researchers Dr. John T. Gwynne, assistant professor of medicine, and Dr. Thomas Hughes, an endocrinologist with a fellowship in the department of medicine, say they hope to make the blood-sugar levels of their patients normal, which Hughes says is very difficult to do with any other therapy. Such a result would reduce their susceptibility to the long-term effects of diabetes, he adds, which can include blindness, kidney disease and other serious ailments.

The doctors place patients on a 300-400-calorie diet of a high-quality powdered milk protein specially made to dissolve in diet soda, and supplement that with vitamins and minerals.

J. David Leander, Ph.D., associate professor of pharmacology and research associate professor of psychology, was appointed incoming program chairman of the psychopharmacology division of the American Psychological Association. He will also serve on the division's executive committee.

When a child thinks his body is nothing more than a bag and bones, how do you explain that he's had an epileptic seizure?

A child psychologist in the School of Medicine is studying how children perceive various illnesses and how those perceptions change as they grow older.

Dr. J. Kenneth Whitt, assistant professor in the departments of psychiatry and pediatrics says, "Explaining to a child what's going on in an organ system that he doesn't even know is there is a difficult task. Pediatricians and family doctors are always faced with the problem of what to tell children about their illnesses in language they can understand."

A child's ability to comprehend what's wrong with him depends on his age and the nature of his illness or injury, Whitt says, so "you've got to start with the child's own perception of his body and what's wrong with it."

Using familiar objects helps, like explaining a seizure by describing the brain as a telephone that got the wrong number.

Edward Shahady, M.D., chairman and professor of family medicine, was awarded the Thomas W. Johnson Award by the American Academy of Family Physicians. The award, established in 1973 in honor of AAFP member Dr. Johnson, recognizes "persons who. . .have made outstanding contribution to education for family practice in undergraduate, graduate and continuing education spheres."

James N. Hayward, M.D., chairman of neurology, has been named H. Houston Merritt Distinguished Professor of neurology. Funds from the professorship will also support the latest research facility in the neurology department, the H. Houston Merritt Electron Microscopy Laboratory.

Hayward gave two invited talks on his research at the National Science Foundation's U.S.-Japan Seminar on Biosynthesis, Secretions and Mechanisms of Action of Vasopressin Sept. 1-9 in Nikko, Tochigi, Japan.

Carl W. Gottschalk, M.D., Kenan Professor of medicine and physiology, has been appointed to the N.C. Board of Science and Technology. The board is responsible for identifying important research needs in North Carolina and recommending policies.

Douglas E. Henley, M.D., family practice resident, was elected chairman of the National Conference of Family Practice Residents at the group's annual meeting in September in Kansas City.

Report to the alumni

The new dean of the School of Medicine—on the job in Chapel Hill only a few short months—has undertaken a major initiative to seek alumni wisdom and participation.

Dr. Stuart Bondurant, who assumed the deanship August 1, has spoken at alumni meetings in Wilson, Winston-Salem and Charlotte, and is in the process of scheduling regional alumni meetings in other areas of the state.

In addition, he participated in early October meetings of the Alumni Visiting Committee and the Medical Alumni Council in Chapel Hill. Bondurant told these groups he will work to lead the School of Medicine to build on its strengths, "to find our own destiny."

"We are part of a great medical school. We should be proud of it."

At the council meeting, the dean said his early efforts will focus on strengthening administrative organization and departmental relationships, to "focus on collaboration, cooperation and coordination" to maximize school resources. At the same time, he said, "We must offset the danger of becoming a mindless bureaucracy, and one of my challenges will be to walk that narrow line."

He said he also sees a need to work for enrichment of certain academic efforts, particularly with respect to special academic programs currently unavailable here. He cited the school's M.D.-Ph.D. program as an example of a program that should be more widely known and made more accessible to students.

In the area of curriculum, the new dean told councilors, "we will evaluate and modify our curriculum programs, and we will be asking alumni to contribute their views in this area from the perspective of practicing physicians."

Also, he said, "We want to be increasingly responsive to physicians and people throughout the state."

Earlier, Dean Bondurant briefed members of the Visiting Committee on issues facing the school, and introduced members of his staff for reports from their areas of responsibility.

Vice Dean **William E. Easterling, '56,** who is also chief-of-staff at North Carolina Memorial Hospital, reviewed hospital activities and reported on plans to build a critical care center and a community care building. He reported that $1.3 million in new renovation work has been authorized by the state and that another project, renovation of the west section of the hospital, is nearly complete. The hospital has commenced a long-range planning effort, he said, and occupancy of the facility has been in the 86 to 96 percent range during the last three months.

Despite a national decline in the number of applicants to medical school, the School of Medicine has not been adversely affected, **Dr. William Bakewell Jr.,** associate dean for admissions, told the committee. The number of North Carolina applications for the coming school year is currently higher than at the same time the year before, he said, although out-of-state applications have declined.

Women represent 38 percent of the first-year class, Bakewell said, calling it "a trend of the times. We can't take much credit for it."

Conversely, minorities represent 20 percent of the first-year class due in large part to the school's efforts. "Our efforts with minority students have been deliberate, and we have been vigorous in our efforts to recruit applicants from the minority population. A national target of 12 percent minority admissions by 1975 has still not been met by the majority of the nation's medical schools, which Bakewell said were averaging 8 percent. The School of Medicine, however, "is well on target."

Grade averages and MCAT scores here model the national average, he said. Students who are accepted into the School of Medicine have an average of 3.5 GPA.

Dr. William D. Huffines, '55, as-

sociate dean for basic sciences, reported that a proposed $5.5 million family medicine building to be located on the corner of Highway 15-501 and Manning Drive will house the family medicine department's activities, including patient care, departmental offices and research facilities.

The Cancer Research Center Building, to be located south of the Faculty Laboratories and Office Building, has secured $4.7 of the $7.8 million needed for its construction, mostly through private gifts. A federal grant of $1.3 million recently put building plans closer to their goal.

A $500,000 renovation program is scheduled for the medical research wing, attached to MacNider Building, he said, while the three-year renovation of MacNider Hall is in its final phase.

Two faculty members were introduced at the Visiting Committee meeting: **Dr. Robert Sakata,** professor and chairman of the department of medical allied health professions, said allied health is a field that has been expanding in demand and in expertise. More than 40 full-time faculty teach 174 students in the department, which is divided into clinical and technological areas. **Dr. Robert Utiger** was recently named director of the Clinical Research Unit, now in its 18th year at the medical school. The 12-bed unit is "a resource available to every investigator on the University faculty interested in clinical investigation," he said.

Research there touches nearly every medical discipline.

Dr. John A. Kirkland, '50, MAA president, announced high attendance at district meetings in Wilson and Winston-Salem, and said future meetings were planned. Despite the intensive training required of young physicians, Kirkland said he hoped to increase their participation in the alumni association. He also said he hoped to sustain interest in the Loyalty Fund to Centennial-year levels after the Centennial.

Two committee members reported on areas they visited in the medical center:

Dr. Marvin M. McCall III, '56, said that since 1975, the budget for the Health Science Library has increased from about $500,000 to more than $1 million and is growing. Three stories are being added to the present three-story structure. The library staff comprises an equivalent of 46 full-time positions, including 19 professional librarians. The Library houses 190 volumes, and is open 101 hours a week. With the availability of computer services, McCall said that any North Carolina physician can receive a computer search through *Med-Line* by calling a reference librarian.

Dr. Charles J. Sawyer III, '63, visited the eight-year-old department of family medicine. He said that training in the the relatively new subspecialty includes working with the departments of obstetrics-gynecology, medicine and pediatrics, and that its outlook is encouraging. "The hope is that residents completing the program will stay in the state, especially in rural areas," he said.

Year-end giving campaign underway

Keeping in touch with alumni is alumni secretary Colette Batten who says there's still time to contribute to the Loyalty Fund before the year's end.

The drive is underway for the 1979-80 Loyalty Fund, Dr. H. Durwood Tyndall, '54, MAA treasurer and chairman of the Loyalty Fund drive, said at the fall council meeting. And most class members have been contacted by class chairmen, he said.

As we went to press, more than $14,000 had been collected toward this year's Loyalty Fund drive, said Colette Batten, alumni office secretary. There's still time to contribute before the end of the year.

Batten also reminded alumni to mark their calendars for the annual Spring alumni weekend. The visiting committee meets again Thursday, March 27. The Distinguished Service Awards Banquet will follow Friday, March 28. On Saturday morning, alumni can attend clinical presentations. Alumni reunions will be held that night.

Class notes

Manning-Berryhill Club

Samuel Newman, '15, who has been a Danville, Va., pediatrician for 56 years and has been associated with Memorial Hospital there for 29 years, was honored May 30 by his long-time associates. A colleague at Memorial Hospital referred to him as "a great man, outstanding pediatrician, a devoted and dedicated member of the synagogue, champion of civil rights. . .and devoted husband."

Newman, 89 and still in practice, is listed in *Who's Who in America.*

Eugene P. Pendergrass, '16, a retired professor of radiology emeritus at the University of Pennsylvania, now lives in Ft. Meyers, Fla.

Bob (Shorty) Wilson, '17, is retired in Edisto Island, S.C., where he says he's enjoying more of the good things than he deserves.

Russell O. Lyday, '18, is a retired general surgeon living in Greensboro.

William G. Wilson Jr., '19, has been painting, playing chess, gardening, reading and writing articles for his local Smithfield paper since he retired from his 27-year general practice in 1953.

Donald P. Ross, '25, who retired after 50 years of practice in surgery, says he lives in Tequesta, Fla., six months of the year, Niagra Falls, N.Y., three or four months and Canada for two months. (That doesn't include traveling to England each year to see his daughter and grandchildren.)

Ross, who has 15 grandchildren and two great-grandsons, still runs three miles a day, a practice he started 11 years ago.

M.D. Bonner, '28, of Greensboro, says he's just about "back on the ball" after three coronary bypass operations in April. He retired in January 1979.

Curtis G. Southard, '32, is retired from the National Institute of Mental Health, but is a consultant to the Maryland Department of Health and Mental Hygiene. He's been married to his wife, Louise, for 46 years.

Glenn S. Dickson, '33, says he limits his practice in Philadelphia to office work, and gardens and walks for health and economy. He says he received a most sincere letter from **Charles Reavis,** the "happy-go-lucky member of our class." Dickson says Reavis is a military radiologist.

Cameron F. McRae, '33, of Binghamton, N.Y., retired in July after more than 33 years in public health.

Seny B. Lake, '34, retired in June and is living in Canterbury, N.H., where she had been employed by the New Hampshire Public Health Department.

Julien H. Meyer, '35, says his private practice in Roanoke, Va., is now a corporation—Physicians to Women, Inc., Gynecology and Obstetrics. He works with three other physicians, including his son, **Julien H. Meyer Jr., '65.**

H.M. Pickard, '35, says he likes retirement, in Wilmington. "It's pleasant and non-competitive," he says. "I recommend it."

Deaths

Ewen K. McLean, '16, Charlotte
Thomas S. Long, '38, Lookout Mountain, Tenn.

'40s

David L. Pressly, '40, of Statesville, says **Vernon Andrews, '40,** entertained their classmates at his lake villa this summer. **John Graham, '40,** made plans for the class' 40th reunion next spring.

Rowena S. Hall, '41, is a pediatrician with the Montgomery County Health Department in Maryland.

Matthew A. Stroup, '41, of Gastonia, had to retire in May, he says, and is now just staying at home, reading, working, and watching a lot of public television. "Even got my social security, which I never thought I would see a penny of," he says.

Charles E. Edwards Jr., '42, is in general surgery private practice in Montclair, N.J., on the staff of Montclair and Newark Hospitals, and is assistant professor of clinical surgery at the New Jersey College of Medicine and Dentistry in Newark.

Littleton J. Bunch, '45, says he's in family practice in the small mountain town of Alamoso, Colo., 7,500 people big and 7,500 feet high in the Rockies.

'50s

John L. McCain, '50, says he is still practicing medicine 30 hours a day at the Wilson Clinic, loving it and bragging about the School of Medicine. He and his wife Betty toured Jordan, Egypt and Israel in June.

Robert H. Vinson, '54, of Vero Beach, Fla., says he and his wife enjoyed the snow at last year's alumni meeting so much that they hope it snows every year when they come to North Carolina.

Vinson says he's busy with the Florida Pediatric Society, and serves on its executive committee.

P.Z. Dunn Jr., '55, is a member of Pediatric Associates in Winston-Salem.

James L.D. Lamm, '55, says he's healthy, busy and happy while living alone in his old San Francisco Victorian house filled with books. He's the new chief psychiatric consultant for the children and family series of San Francisco's department of social services, where he is helping to inaugurate a new emergency outreach program for abused and neglected children.

He says using his office/playroom at home for a part-time child psychiatry practice is working out very well.

'60s

John R. Curtis, '60, director of the University Health Service at the University of Georgia, Athens, was appointed chairman of the Governor's Council on Mental Health.

Robert D. Roller, HS '60-62, has a full-time private practice in psychiatry in Berkeley, Calif., and is on the clinical faculty at both Stanford University and the University of California, San Francisco. He says his six children are doing nicely.

Donn A. Wells, '61, says he's developing a strong ambulatory family medicine practice and sails on his Hobie Cat since he moved to Pompano Beach, Fla., in 1977.

Layton McCurdy, HS '61-64, is professor and chairman of psychiatry and behavioral sciences at the Medical University of South Carolina in Charleston. He is the new president of the American Association of Chairman of Departments of Psychiatry.

Reginald G. Mason, '62, works with the department of pathology at the University of Utah's College of Medicine in Salt Lake City.

Mario M. Stone, HS '62, of Miami Beach, Florida, was re-elected president of the Cuban Orthopaedic Society in July.

Richard W. Honsinger, HS '63-65, practices in Los Alamos, N.M., where he also is president of the New Mexico Allergy Society.

John W. Dalton, '63, has an active clinical practice of pulmonary diseases in Santa Monica, Calif., where he is affiliated with Santa Monica and St. John's Hospitals. He also is an assistant professor in the University of California at Los Angeles School of Medicine.

Dalton says he had a pleasant visit to Chapel Hill in May for his 20th undergraduate reunion.

Dave M. Davis, '63, of Atlanta, was in the first group to pass the new boards in forensic psychiatry this year. He presented several papers on his research dealing with the effects of psychiatric treatment on adolescents.

Thomas L. Presson, '65, continues to practice orthopaedic surgery with Greensboro Orthopaedic Associates. He has a special interest in athletic injuries and spinal deformations.

Robert B. Shearin, '68, of Washington, D.C., has been named editor of the new *Journal of Current Adolescent Medicine*, to be published monthly.

W. Franklin Hancock Jr., '68, moved to Roanoke Rapids where he is a pathologist and director of laboratories at Halifax Memorial Hospital.

James M. Nesbitt, '68, is in his third year of practice with a five-person pediatric group in Anchorage, Alaska, where he and his family enjoy camping, fishing, hunting and boating.

Nesbitt says he's been doing a lot of neonatology in addition to routine inpatient and outpatient pediatrics at Providence Hospital there.

Jerry C. Woodard, '68, lives in Wilson with wife Beverly and their two children. He is in private practice in gastroenterology and a member of the Carolina Clinic, a multidisciplinary clinic.

Charles Tucker Jr., '68, has re-entered residency in plastic surgery at Louisiana State University in New Orleans. He plans to finish in December 1980.

'70s

William R. Straughn III, '70, of Manchester, N.H., says he's happy with New England where he has been in private practice with four other pediatricians for two years.

Active politically last year, Straughn says he managed to help get a lead control law through the legislature. "It helps you appreciate that one can expand the practice of medicine beyond physician-patient-illness interaction," he says.

Gene Sherman, '70, and **Susan Sherman, '70,** have been practicing cardiology and endocrinology respectively for two years in Aurora, Colo. They recently opened an office in the Denver Tech Center in southeast Denver.

The entire family, including two children, have become skiiers.

Shelley Earp, '70, a member of the department of medicine at the School of Medicine, was recently awarded an Established Investigatorship from the American Heart Association to continue his studies on the hormonal regulation of liver cell growth.

Class notes

He and wife Jo Anne, on the faculty of the UNC-CH School of Public Health, recently had a son.

J. Richard Auman, '71, is in clinical urology and is teaching family practice residents as a staff urologist at the Naval Regional Medical Center in Charleston, S.C.

J. Peter VanDorsten, '71, has started a two-year fellowship in fetal and maternal medicine at the University of Southern California/Los Angeles County Medical Center. After finishing in June 1981, he says he will probably return as a staff member to the University of South Carolina, where he completed a four-year residency in obstetrics and gynecology.

Richard A. Nelson, '71, left Andrews Air Force Base in May to become a pediatric associate at Oak Forest Children's Center in Monroe.

John R. Lurain III, '72, recently became assistant professor of obstetrics and gynecology and assistant director of the division of gynecological oncology at Northwestern University Medical School in Chicago.

Noel K. Free, '72, is on the psychiatry faculty at the University of Cincinnati, where he is teaching and is involved with outcome research in psychotherapy, as well as playing a lot of racketball.

Karen W. Green, '72, is an assistant professor of obstetrics and gynecology and a perinatologist at the University of Massachusetts, Worcester. Husband Stephen is in private family practice in Holden, Mass.

David A. Grimes, '73, recently moved to Atlanta, where he assumed a joint appointment as assistant chief, abortion surveillance branch, family planning evaluation division, at the Center for Disease Control and clinical assistant professor of obstetrics and gynecology at the Emory University School of Medicine.

John A. Peteet, HS '73-74, Brookline, Mass., joined the staffs of the Peter Bent Brigham Hospital and the Sidney Farber Cancer Institute and is an instructor in psychiatry at Harvard University Medical School.

George W. Colclough, '74, entered an anesthesiology residency at the University of Kentucky in Lexington.

M. Catherine Dobbins, '74, practices internal medicine in San Mateo, Calif., and taught last year on the clinical faculty at Stanford Medical School. She and her new husband, who are living in Hillsborough, Calif., extend an invitation to anyone in Chapel Hill who may be in the San Francisco area.

David L. Coppedge, '74, is a physician at Harvard Health Plan in Boston and is on the attending staff at the Boston Hospital for Women.

Frank H. Moretz, '75, has completed his Air Force obligation in San Antonio, Texas, and entered private practice at the Lewis-Gale Clinic in Salem, Va.

Gary McClain, '75, wife Kathy and their two boys are enjoying San Diego Bay and the coastline where he is completing his last year of orthopaedic surgery at the Naval Hospital. He says he just purchased a sailboat and hopes to sail to Catalina.

Michael W. Meriwether, '75, is the chief resident in neurosurgery at the Bethesda Naval Hospital, an assignment he expects to complete in July 1980.

Gary M. Henschen, '75, is a resident in psychiatry at Duke Medical Center in Durham.

C.E. Fogleman, '75, finished a three-year naval tour as a flight surgeon, stationed in Japan aboard the *USS Midway* and began an ophthalmology residency in July at Boston University.

John McMurray, '76, is in his third year of psychiatric residency at the University of Colorado Medical Center. He says he and his wife Lura had their first child, a boy, in July.

Gregory H. Tuttle, '78, is a resident in family practice at Richland Memorial Hospital in Columbia, S.C. and is looking forward to returning to North Carolina. While at a symposium in Aspen, Colo., he visited with classmate **Marshall McCabe, '78,** in Denver.

Bernard Branson, HS '78, of Baltimore, Md., is an instructor in the department of pediatrics at Johns Hopkins University and a pediatrician at the East Baltimore Medical Plan.

William E. Perry, '78, is house staff president and a second-year family practice resident at Scottsdale Memorial Hospital in Phoenix, Ariz. He also is secretary-editor of the resident's section of the Arizona Medical Society.

David C. Powell, '78, says he received the Intern of the Year/Excellence in Teaching Award at the annual awards banquet of the University of Kentucky Medical Center. He and wife Judy had their first child, a girl, in July.

James S. Wells, '78, says he is building a house south of Hillsborough during his third year of residency in psychiatry at Duke University half-time and practicing general emergency medicine full-time in Lexington. He's still single, he says.

Robert (Stan) Williams, '79, Mt. Pleasant, S.C., is a resident in obstetrics and gynecology at the Medical University of South Carolina.

Susan Pate, '79, in Winston-Salem, says she will be coming back to Chapel Hill for a neurology residency in 1980.

Glenn S. Harman, '79, says everything is going fine in Morgantown, W.Va., where he is a medicine intern at the West Virginia Medical Center.

William C. Haden Jr., '79, in Augusta, Ga., says, "Come on down for the Masters!"

Leonard S. Wojnowich, '79, Savannah, Ga., will be married to Shifi Brenner, Dec. 25, in Israel. She is a graduate of the Technion University and is on active reserve in the Israeli Air Force. After a short honeymoon in Europe, they will live in Savannah.

N.H. Ballentine, '79, of Hershey, Pa., says he's surviving with finesse at last. "I sure miss my friends—making new ones fast," he says, "but those who know, know how much they meant to me. Take care."

From the Office of Continuing Medical Education and Alumni Affairs

What should be the role of the medical school in continuing medical education? This may seem to be a question with an obvious answer. However, the entire concept of continuing medical education has become confused with questions of "Accreditation," "Cateogory Credits," "Awards," and various forms of "Brownie Points" to such an extent that the primary purpose for continuing education is in danger of becoming obscured.

Unfortunately, this confusion of primary purpose thus far has lead to a minor backlash against CME which has the potential of evolving into anti-intellectualism.

Historically, CME has been a part of all competent medical practice since recorded medical professional activity. The desire of physicians to learn the latest techniques and developments within the profession has been a strong impetus to growth of world-renowned educational centers. Great medical schools are as well known for offering outstanding opportunities in furthering education as for offering basic medical education.

As medical science underwent an explosion of new knowledge during this century, especially since the early 1940s, the need for renewed knowledge and keeping-up by the practicing physician became more acute. The methods of making new medical knowledge available to the practicing physicians have undergone increasing criticism. Despite this scrutiny, the standard and most widely available medium has remained the printed word—journals, books, etc. Lecture and didactic presentation has remained the next most commonly available method of distributing new knowledge.

The volunteerism of the AAGP, later known as AAFP, the AMA Physician Recognition Award (PRA), and others became adulterated by mandatory requirements as state legislators and medical societies and specialty organizations responded to the concept of a "malpractice crisis" in the assault on medical professional credibility. In some form of illogical reasoning, the highly desirable concepts of quality health care and professional competence became equated to CME. Unfortunately, this has been translated directly to "CME equals Quality Health Care."

This has promoted an expensive and often unwieldy bureaucracy which often seems more oriented toward mechanics than education.

We in North Carolina have an opportunity to develop an outstanding and educationally efficient mechanism for keeping the medical profession abreast of scientific developments. There can be little or no argument about the need to keep up. Our medical schools in the state, linked with the AHEC system, form a unique educational structure. There will be some unavoidable costs to the practicing physician for educational programs. Our recently conducted survey of approximately 2,500 N. C. physicians strongly illustrated that physicians realized this cost is inherent. They support the concept that the participating physicians should bear these costs, provided they are kept reasonable. The University of North Carolina at

Chapel Hill pledges itself to the development of quality educational programs in continuing medical education and will make every effort to assist the physicians of our state in maintaining personal, professional competence at as low a cost as possible. We ask that our alumni and all physicians assist us by giving suggestions and critiques of our programs. Education and development of new knowledge are our only products; and good medical care for our citizens is our goal. Wherever possible, our continuing education presentations will be designed to meet the standards of appropriate accrediting organizations, but will not be limited in quality by these standards.

—William B. Wood, M.D.
Director

Calendar

January

4-5	Intraocular lens workshop, Berryhill Hall
	Laparoscopic spring clip application technique, Carolina Inn
9-Feb. 13	First District Medical Society of North Carolina Postgraduate Course, First District Medical Society of North Carolina, Ahoskie, Elizabeth City and Edenton. Contact Office of Continuing Education.
12	"Update in Ophthalmology."

March

5-8	"Internal Medicine 1980."
15-16	"Anesthesia: Selected Topics," Berryhill Hall.
20-21	"Fourth Annual Cancer Research Symposium."
21-23	"The Chemistry and Biology of Heparin."
28-29	UNC-CH Medical Alumni Association Annual Meeting.

April

10-13	"Newer Concepts in Techniques in Radiology," Holiday Inn, 1776, Williamsburg, Va.
12	"Update in Ophthalmology."
16	Diabetes Workshop, Carolina Inn.
25-26	"Third Carolina Ocutome Workshop."

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